

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20941

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis Mo.* (No. *St. Anthony Hosp.*)

File No.....

Registered No. **5436**

St. Ward

2. FULL NAME *Lena Deatherage*

(a) Residence, No. *340 Hillside Webster Groves Mo.* St. *16* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 11-1880.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

51 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *235*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo. 1*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Elsie Deatherage* (ADDRESS) *340 Hillside Webster Groves Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cem.* DATE *June 7-1932*

19. UNDERTAKER *J. J. Schaefer B. Co.* (ADDRESS) *312 S. 6th St.*

20. FILED *7-19-32* *Max E. Parker* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 3-1932*

22. I HEREBY CERTIFY, That I attended deceased from *March 6* 19*32*, to *June 3* 19*32*

I last saw h. *u* alive on *June 3* 19*32* Death is said to have occurred on the date stated above, at *8:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset *5 days*

3A 45B

Other contributory causes of importance:

Carcinoma of Tongue

Name of operation *Radical Gynectomy* Date of *March 14-32*

What test confirmed diagnosis? *Scotch* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Julius Chas. Keller*, M. D. (Address) *2603 Cherokee St.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

