

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

Do not use this space.

37083

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 1170 File No. _____
 Township Richmond Primary Registration District No. 62487 Registered No. 237
 City Richmond No. 7336 Ethel Ave. St. _____ Ward) _____

2. FULL NAME

Loretta Lyons Offer
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 3 22

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

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.

FATHER 13. NAME Daniel Lyon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo.

MOTHER 15. MAIDEN NAME Sally McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo.

17. INFORMANT (ADDRESS) Albert D. Offer
7336 Ethel Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov 21 1932

19. UNDERTAKER (ADDRESS) Heraghty Funeral Directors
425 1/2 Lindell Blvd.

20. FILED 11/19 1932 E. R. Jensen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1932 to Nov 19 1932

I last saw her alive on Nov 19 1932 Death is said to have occurred on the date stated above, at 2:25 a.m.

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

Lobar Pneumonia
(RX) 100

Date of onset

Other contributory causes of importance: 100 1

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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 of injury in any way related to occupation of deceased? _____

If so, specify W. J. Gallagher

(Signed) _____ M. D.

(Address) University Club Bldg

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.

JAN 5 1933

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

