

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

Do not use this space.

7515

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Saint Louis (No. 932 North Newstead Avenue) St. Ward

File No.
Registered No. 1470
St. Ward

2. FULL NAME Louvenia C. Lyons

(a) Residence, No. 932 N. Newstead Avenue St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unknown 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>10</u>	<u>28</u>		

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.

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

13. NAME John Calloway

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Harriet Sheeherd

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

17. INFORMANT Narmi Douglas
(ADDRESS) 4671 Saint Louis Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Feb. 13, 1933

19. UNDERTAKER Charles J. Yates
(ADDRESS) 4107 Finney Avenue

20. FILED FEB 13 1933 Max O. Standen
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 9 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1933 to Feb 9 1933

I last saw her alive on Feb 9 1933. Death is said to have occurred on the date stated above, at 9:45 p.m.

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

Date of onset

Michael Insufficiency
93%

Other contributory causes of importance:

Chronic Bronchial Asthma

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Max O. Standen, M. D.

(Address) 4142 Douglas

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.

