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.

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

Do not use this space.

24595

File No. 5985

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1E1

Township ..... Primary Registration District No. 1203

City St Louis (No. City Hospital St. ..... Ward)

5482

2. FULL NAME Ed. E. Lillybeck

(a) Residence, No. 3900 Adams St. 17 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	75			

OCCUPATION

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

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

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Ind~~ Indiana

FATHER

31 13. NAME Unknown

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

MOTHER

31 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital Information Mildred Kent City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE July 8 1933

19. UNDERTAKER (ADDRESS) Wacker, Helderle 2331 S Broadway

20. FILED JUL 8 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1933, to 7-7, 1933

I last saw him alive on 7-7, 1933. Death is said to have occurred on the date stated above, at 235 P m.

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

	Date of onset
Arterio Sclerotic Heart Dis (Chr. Myocarditis)	
93C	
93C	

Other contributory causes of importance:

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

What test confirmed diagnosis? Clin & Path Was there an autopsy? Yes

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? No

If so, specify .....

(Signed) J Coleman, M. D.

(Address) City Hospital