

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

Do not use this space.

41772

1. PLACE OF DEATH

County ST. Louis MO. Registration District No. 791

Township _____ Primary Registration District No. MOB

City ST. Louis (No. 2010² Carn) St. _____ Ward _____

File No. _____

Registered No. 10813

St. _____ Ward _____

2. FULL NAME Lucille Hill

(a) Residence, No. 2010² Carn St. 21 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1916 Dec. 15

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 16 11 12

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. ? NOT KNOWN

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

12. BIRTHPLACE (CITY OR TOWN) ST. Louis, MO. (STATE OR COUNTRY)

13. NAME Lucian Sullivan

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

15. MAIDEN NAME Birdie Frazier

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

17. INFORMANT Birdie Sullivan (ADDRESS) 2010² Carn

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 12/17 1933

19. UNDERTAKER English Undertaking Co (ADDRESS) 2931 Lucas

20. FILED DEC 17 1933 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13/1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:15 P. m.

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

Pulmonary Tuberculosis
Ch. Tubercular Peritonitis
Tubercular intestinal abscess
Splenitis
23 A
25
31

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____ If so, specify _____

(Signed) Harold G. Phyllis
(Address) 1217 1/2

THIS IS VERY IMPORTANT
 PUPA
 THE
 MAY
 1933

JAN 26 1934

[The main body of the document is extremely faint and illegible due to the quality of the scan. It appears to contain several paragraphs of text, possibly including a declaration or a set of terms, but the specific words and numbers are not discernible.]

