

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

Do not use this space.

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.

EB 27-1934

**PLACE OF DEATH**

County St. Louis Registration District No. 789 File No. 2430  
 Township Centrae Primary Registration District No. 61 Registered No. \_\_\_\_\_  
 City Wellston (No. 97704, Page Blvd. St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Lucille Ethel  
 (a) Residence, No. 1176<sup>2</sup> Hodiamont Ave. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OR (OR) WIFE OF <u>Tred. Ethel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15, 1906</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>George Hendon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>	
MOTHER	15. MAIDEN NAME <u>Grace Hensley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Tred. Ethel</u> <u>1176<sup>2</sup> Hodiamont Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL (PLACE) <u>St. Peter Paul</u> DATE <u>Jan. 12, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Gas. W. Clark</u> <u>1125 Hodiamont Ave</u>		
20. FILED <u>1-11-34</u> <u>W. A. Bochner</u> Registrar		

**8 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1934

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw her alive on 1/10/34, 19\_\_\_\_. Death is said to have occurred on the date set above, at 10:30 am.

The principal cause of death and related causes of importance were as follows:  
 From abortion so far with unsatisfactory history of cause. Husband and deceased made a signed statement to the fact this was caused by taking medicine.

Other contributory causes of death: 12/17  
 Cause of death: Generalized pelvic cellulitis with large pelvic pocket abscesses, bulding into the culde.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external violence (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) Take B. Timmons M.D.  
 (Address) 3718 Jennings Ave  
Edwards & Sons Co

sac which was opened and drained.

Generalized peritonitis with peritoneal vomiting.

Secondary: Sepsis, Dehydration. Acidosis, caused by inanition and inability to take fluids and continuous vomiting.

This patient was cared for by Dr. Kemp, 4503 Washington, was turned over to the surgeon Dr. V. Kieffer 4500 Olive, and Dr. Compton 7104 Page. Died at Midland Hospital 10:30 P.M. January 8th. St. Louis County.

Owing to the fact that Dr. Kieffer did not care to sign burial permit, it came under the hands of Coroner to try to ascertain origin of the circumstances.

This patient was of an indigent type, living in a furnished room, mother of two children, husband unemployed for an indefinite period.