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.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791 1003

Do not use this space.

File No. 16913

Registered No. 2763

1. PLACE OF DEATH

County ..... Registration District No. .....

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

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

2. FULL NAME Lola May Antrim

(a) Residence, No. 25 Kingsbury St., 5 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10 - 1868

7. AGE: Years 66 Months 2 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Michigan

FATHER

13. NAME: Joseph Kinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U S A

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U S A

17. INFORMANT (ADDRESS): Charles A Antrim 25 Kingsbury Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Mausoleum DATE Mar. 21, 1934

19. UNDERTAKER (ADDRESS): Akron L. Vee 2707 N. Grand St

20. FILED MAR 20 1934, 19 J. F. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934, to March 18, 1934

I last saw her alive on March 18, 1934. Death is said to have occurred on the date stated above, at 9 50 P m.

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

	Date of onset
Arterio-sclerotic Heart Disease - (Cerebral hemorrhage)	
46 C	
015	
89 A	

Other contributory causes of importance: Carcinoma of Cervix primarily with metastasis

Name of operation Exploratory Laparotomy Date of 3-15-34

What test confirmed diagnosis? 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 or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Wadlow, M. D.

(Address) 630 S. Kingshighway St Louis, Mo.