JAN 24 1935

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

Do not use this space.

44473

File No. 11572

Registered No.

1. PLACE OF DEATH

County

Township

City Saint Louis (No. 1440 Pendleton Avenue St. Ward)

Registration District No. 701

Primary Registration District No. 1908

2. FULL NAME Lulu L. Finley

(a) Residence, No. 1440 Pendleton Avenue St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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*)
Female	Colored	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55			

OCCUPATION

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) Knoxville
(STATE OR COUNTRY) Tennessee

FATHER

13. NAME Unavailable Smith

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT Mrs Adele Hunt
(ADDRESS) 4233W Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Saint Peters DATE Dec 6th, 1934

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

20. FILED DEC -5 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Dec 4 1934, 19..

I last saw h.. alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 2:45 A.M.

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

	Date of onset
Myocarditis acute caused by chronic asthma	
1934	
9 4	
930	

Other contributory causes of importance:
asthma chronic

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? No

If so, specify —

(Signed) Louis Behrmann, M. D.

(Address) 102 North Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD