

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

Do not use this space.

1. PLACE OF DEATH **SEP 16 1935**

**791
1003**

File No. **28057**
Registered No. **7137**

County..... Registration District No.....
Township **St. Louis**..... Primary Registration District No.....
City **St. Louis** (No. **The Peoples Hospital**)..... St. Ward)

2. FULL NAME **Lillie Mae Holmels**
(a) Residence, No. **1025 No. 13**..... St. **25** Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **7** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1902		
7. AGE	YEARS 31	MONTHS 7
	DAYS 25	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. As work	
	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) Mo.		
FATHER	13. NAME Will Watkins	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
MOTHER	15. MAIDEN NAME Ardena Pearson	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
17. INFORMANT Hospital record.		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	Washington	DATE 8-14-35
19. UNDERTAKER Walter Richter		
(ADDRESS)	3502 Antler St	
20. FILED HUG 23 1935 19..... J. Bredek Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-9-1935**

22. I HEREBY CERTIFY, That I attended deceased from **6-26-1935** to **8-9-1935**

I last saw her alive on **8-9-1935** Death is said to have occurred on the date stated above, at **8:45 P.** m.

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

**Ch. Myocarditis.
" Endocarditis.
(Following rheumatism in early adult life)**

Other contributory causes of importance:
gga

Name of operation..... Date of.....
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? **no**
If so, specify **Ch. Myocarditis** M. D.
(Signed) **Chas. H. Carter**
(Address) **Peoples Hospital**

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.

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