

NOV 9 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791
1003

Do not use this space.

34197

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. *Mo. Pacific Hospital*) St. Ward.....

File No.....
Registered No. *8620*
St. Ward.....

2. FULL NAME

(a) Residence, No. *3644 7th St.* St. *St. Louis* Ward *6*
(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 *Male* 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 *Agnis Lill*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 25 1886*

7. AGE YEARS *49* MONTHS *8* DAYS *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Hoelter helper*

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 *2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

13. NAME *Peter Lill*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Agnis Lill* (ADDRESS) *25644 7th St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabery Cem* DATE *Oct 15 1935*

19. UNDERTAKER *Wickman - Funeral* (ADDRESS) *1805 Union St*

20. FILED *OCT 14 1935* *JF Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 12 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 11 1935* to *Oct. 12 1935*

I last saw him alive on *October 10 1935* Death is said to have occurred on the date stated above, at *3:55 p.m.*

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

lung abscess Pt. Non-tubercular Non-trauma Cause unknown

Date of onset

Other contributory causes of importance: *Chronic myocarditis*

Name of operation *Drainage of lung abscess* Date of *9-5-35*

What test confirmed diagnosis? Was there an autopsy? *N.O.*

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? *N.O.*

If so, specify

(Signed) *Arthur M. Boyd* M. D.

(Address) *Mo. Pacific Hosp St. Louis*

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.

RECORDING INFORMATION THIS IS A PERMANENT RECORD

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