MAY 5 1936

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

Do not use this space.

20656

File No. 4830

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

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

B-1505

2. FULL NAME Lena Francis Shulse,

(a) Residence, No. 909 N. Euclid St., Ward 12 St. Louis, Mo.
(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: F

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M Shulse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29-1884

7. AGE: Years 51 Months 5 Days 2 If LESS than 1 day, ...hrs. or ....min.

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. None

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) Liberty, Missouri

FATHER

13. NAME ~~Unknown~~ TYRA Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Unknown~~ Mo.

MOTHER

15. MAIDEN NAME ~~Unknown~~ NANCY PERRY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Unknown~~ Mo.

17. INFORMANT (ADDRESS) Mrs. Lucille Bauer City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 5/3/, 1936

19. UNDERTAKER (ADDRESS) Robert J. Cunningham 6633 Clayton Rd.

20. FILED MAY - 3 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1936 to 5/1/36, 19

I last saw her alive on 5/1/36. Death is said to have occurred on the date stated above, at 3 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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. Nelson M. D.

(Address) City Hosp.

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