AUG 18 1936

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

Do not use this space.

File No. 28382
Registered No. 7145

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH

County
Township
City St. Louis (No. DePaul Hospital St. Ward)

2. FULL NAME Lillian Hanley Walkenhurst

(a) Residence, No. 5087 Ridge Ave. St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chester H. Walkenhurst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Iowa

FATHER

13. NAME Mark P. Hanley

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

MOTHER

15. MAIDEN NAME Mary E. Philips

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

17. INFORMANT Mrs Annie Foehr
(ADDRESS) 5025 Wells Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE July 16th, 36

19. UNDERTAKER Arehmann Vanal
(ADDRESS) 1905 Union Blvd.

20. FILED JUL 14 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1935, to 7-13-, 1936
I last saw her alive on 7-13-, 1936. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt)	
Chr. Myocarditis	
Hypertentiony	
Heat Exhaustion	

Other contributory causes of importance:

108

Name of operation Phy Exam 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?
If so, specify
(Signed) E. A. Lauschke M. D.
(Address) 4885 Natural Bridge

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.

4941 Northland