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.

OCT 21 1936

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

Do not use this space.

38917

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 293
City Wellston, Mo. (No. 6318 Lennox Ave., St. Ward)

2. FULL NAME Lucille M. Daven,
(a) Residence, No. 6318 Lennox Ave., St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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 Michael Daven

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1884.

7. AGE: YEARS 51 — MONTHS 10 — DAYS 29 — 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.
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) Missouri

FATHER
13. NAME Pierre Sarniguet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Celestine Guyot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Micheal Daven
(ADDRESS) 6318 Lennox Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Oct. 5, 1936

19. UNDERTAKER Jos. W. Clark,
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 10-3-36 H A Bockmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1935, to Oct 2, 1936
I last saw her alive on Oct 2, 1936. Death is said to have occurred on the date stated above, at 6.50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1 year
Other contributory causes of importance: Myocarditis	6 mos

Name of operation [illegible] Date of
What test confirmed diagnosis? Clinical 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) A. M. Krall, M. D.
(Address) 2704 Cass

Dr. Krall,
2704 Cass Ave.,
Franklin 4270.