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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

96 County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 2845A McNAIR AV. St. ..... Ward)

File No. 3757

Registered No. 793

2. FULL NAME LILLIE LA FLAM.

(a) Residence, No. 2845A McNAIR AV. St. 24 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 John LA FLAM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 4 1874

7. AGE: YEARS 62 | MONTHS 9 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEKEEPER,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 234

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME GEORGE. KNOCHE.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME UNKNOWN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) John LA FLAM. 2845A McNAIR. AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLIVE + LINK RD. CEM. DATE JAN 20 1937

19. UNDERTAKER (ADDRESS) E. J Schnury 3125 Lafayette av.

20. FILED ..... 19 J. P. Bredeck Registrar.

JAN 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 17 1937

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1936, to January 17, 1937

I last saw her alive on January 16, 1937. Death is said to have occurred on the date stated above, at 2:05 p.m.

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

	Date of onset
Carcinoma of left leg.	?
Other contributory causes of importance: Hypostatic Pneumonia Lobar	4 days

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 .....

(Signed) Francis P. Jones, M. D.

(Address) 3616 S. Broadway.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.