

MAY 7 1937

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

Do not use this space.

B- 17892

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Mo. (No. City Hospital #1)791
1003

File No.

Registered No. 3537

St. Ward)

14041

2. FULL NAME Lillie Staiger(a) Residence, No. 2118 Mullanphy St., 20 Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Staiger6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/8/18897. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 48 1 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City13. NAME Frank Cragmer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City15. MAIDEN NAME Kate Sanders16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City17. INFORMANT M. Williams
(ADDRESS) City Hospital #118. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE April 2 193719. UNDERTAKER Bennich-Nichols
(ADDRESS) 1135 N. 1st Street20. FILED APR 1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30/37 193722. I HEREBY CERTIFY, That I attended deceased from 3/16/37 1937 to 3/30/37 1937I last saw her alive on 3/30/37 1937. Death is said to have occurred on the date stated above, at 4:20 P. m.

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

Date of onset

Regenerative Heart Disease

Other contributory causes of importance:

Bronchial Catarrh

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) Geo. A. Boylston, M. D.(Address) City Hospital #1

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.

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