

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jewish Hospital Registration District No. 791
Township St. Louis Primary Registration District No. 1008
City St. Louis St. 6 Ward St. Louis Ill

File No. 18242
Registered No. 4818

2. FULL NAME

Lula Florence Starks
(a) Residence, No. 2706 Bond St. NR Ward 6
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 4 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 Aronous Starks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-6-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 6 18

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) Lebanon Tenn.

13. NAME Rolla Rice

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

15. MAIDEN NAME Josephine Bunker

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

17. INFORMANT Aronous Starks
(ADDRESS) 2706 Bond - E. St. Louis Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 4-23-1937

19. UNDERTAKER W. J. Bredeck
(ADDRESS) St. Louis Ill
MAY 12 1937

20. FILED 19 W. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 - 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 to April 24, 1937
I last saw her alive on April 23, 1937 Death is said to have occurred on the date stated above, at 12:5 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 4-12-
50
Other contributory causes of importance: Carcinoma right breast

Name of operation Radiation therapy of Mammary
What test confirmed diagnosis? None 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) W. J. Bredeck, M. D.
(Address) 505 N. Grand

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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