

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

Do not use this space.

1. PLACE OF DEATH 4418 - 1937 HOMER G PHILLIPS HOSPITAL

**791  
1003**

22030

County.....

Registration District No.....

File No.....

5782

Township.....

Primary Registration District No.....

Registered No.....

City St. Louis, Mo.

(No. 2601 , N Whittier

St. .... Ward)

2. FULL NAME Lulu Chiles

(a) Residence, No. 1420 N Leffingwell St. 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 8 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
30 8 15

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

13. NAME Henry Chiles

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

15. MAIDEN NAME Lulu Powell

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

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park 37

19. UNDERTAKER (ADDRESS) 2701 N Whittier

20. FILED 11N 12 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to June 8, 1937

I last saw h. er alive on June 8 p. 37 Death is said to have occurred on the date stated above, at 12:40 m.

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

Chronic Pneumonitis;  
Tertiary Lues

Date of onset  
5/17/37

Other contributory causes of importance.

Name of operation..... 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 of injury in any way related to occupation of deceased? NO  
If so, specify.....

(Signed) J. Bredeck, M. D.

(Address) 2601 N Whittier

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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