

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.

JUL 8 - 1937

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

Do not use this space.

791

22376

1003

File No. 6128

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis No. 2731 Dickson St. _____ St. _____ Ward _____

2. FULL NAME

Lulu Rose
(a) Residence, No. 2731 Dickson St., 21 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 FE 4. COLOR OR RACE W. C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-17-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 2

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

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) Livingston Mississippi

13. NAME Jefferson Hudson

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

15. MAIDEN NAME Millie Washington

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

17. INFORMANT (ADDRESS) Alice Rose
2731 Dickson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE West Point Miss. 6/27 1937

19. UNDERTAKER (ADDRESS) G. W. Bruce
1705 N. Harrison

20. FILED JUN 24 1937 J. F. Bredeh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19- 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/12/37 to 6/19/37
I last saw her alive on 6/19/37 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:
Intoxication acute
Myocardial infarction
due to hypertension

Other contributory causes of importance:
Partial vascular supply
venous occlusion
Name of operation _____ Date of operation _____
What test confirmed diagnosis? Physical Was there an autopsy? _____

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) J. F. Bredeh, M. D.

(Address) 2731 Dickson St.

Remove the Official Pink Paper with the

MOTHER, FATHER, OCCUPATION

