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.

1. PLACE OF DEATH Homer G Phillips Hospital

County ..... Registration District No. 791 File No. 22589

Township ..... Primary Registration District No. 1003 Registered No. 6341

City St. Louis, Mo. (No. ..... , ... St. ..... Ward)

2. FULL NAME Lula Rose

(a) Residence, No. 4259 W Belle St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 13, 1879

7. AGE: 235

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	3	13	

OCCUPATION

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. Housewife
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): Ky.

FATHER

13. NAME: Tom Arthur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Nancy Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Evelyn D Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington PK DATE 6/30/37, 19

19. UNDERTAKER (ADDRESS): Walton, 2707 Hoddard

20. FILED 30 1937, 19 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/26/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/18/37, 19, to 6/26/37, 19

I last saw her alive on 6/26/37, 19 Death is said to have occurred on the date stated above, at 4:19A m.

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

	Date of onset
Pulmonary Tuberculosis	6/18/37

23

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 or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Lewis, M. D.

(Address) 2601 N Whittier

2222 899