

AUG - 5 1937

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

Do not use this space.

26078

## 1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo. (No. ...., City Sanitarium St. .... Ward)Registration District No. 791Primary Registration District No. 1008

File No. ....

Registered No. 72522. FULL NAME Lucille Harthill,(a) Residence, No. 2010 Olive St 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 48 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

Harry Jay

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

May 19, 1886

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, ..... hrs.  
or ..... min.

51

1

20

OCCUPATION

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

Cafeteria

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.....

Cafeteria

10. Date deceased last worked at  
this occupation (month and  
year)..... About 191811. Total time (years)  
spent in this  
occupation.....12. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Unknown  
Illinois

13. NAME

Shelby Tyler

14. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Unknown  
Illinois

15. MAIDEN NAME

Ella Marvis,

16. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)Unknown  
Illinois

17. INFORMANT

J. Kelling, M.D.

(ADDRESS)

5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington U. DATE 7-14-1937

19. UNDERTAKER

(ADDRESS)

W. Richter  
3512 Butler St

20. FILE

JUL 30 1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-1937, 19.....22. I HEREBY CERTIFY, That I attended deceased from  
1-1-36, 19....., to 7-9-37, 19.....I last saw her alive on 7-9-37, 19..... Death is saidto have occurred on the date stated above, at 8:30 P.M.

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

Pulmonary Tuberculosis 6-22-37x

Date of onset

Other contributory causes of importance:

Tubercular adenitis of  
axillary region bilateral  
1-1-36x

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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)

Jordan Kelling, M. D.

(Address)

City Sanitarium

St. Louis, Mo.

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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6088 W

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