

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

Do not use this space. ✓

1. PLACE OF DEATH

County ST. LOUIS

Township ST. FERDINAND

City WEST VALLEYMANOR

Registration District No. 2 784

Primary Registration District No. 6030

File No. 31692

Registered No. 149

St. _____ Ward _____

2. FULL NAME LULU DEBERT

(a) Residence, No. 5439 HELEN AVE.

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

HARRY DEBERT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1877

7. AGE

YEARS 60

MONTHS 0

DAYS 17

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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)

Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANNA ILL

FATHER

13. NAME HENRY TREESE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANNA ILL

MOTHER

15. MAIDEN NAME MARY ANN LENCE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANNA ILL

17. INFORMANT (ADDRESS) Harry Debert, Jr. 841 BITTNER ST

18. BURIAL, CREMATION, OR REMOVAL

PLACE FRIENDS DATE AUG 7 1937

19. UNDERTAKER (ADDRESS) G. T. Amery 6627 National Bldg Ad

20. FILED 8-6

19 37 W. A. Zettler Registrar

Per G. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21-1937 to 8-3-1937

I last saw him alive on 8-3-1937 Death is said

to have occurred on the date stated above, at 4:15 P.M.

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

Acute myocarditis Date of onset 7-27-37

Other contributory causes of importance: None

Name of operation _____ Date of _____

What best confirmed diagnosis? Acute Was there an autopsy? Yes

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? No

If so, specify _____

(Signed) M. E. Farley M. D.

(Address) 6627 Kullman Ave

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.

