

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.

JAN 19 1938

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

Do not use this space.

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1. PLACE OF DEATH

County St. Louis  
 Township St. Louis  
 City St. Louis (No. \_\_\_\_\_)

Registration District No. 290  
 Primary Registration District No. 5408

File No. 45207  
 Registered No. 5 St. \_\_\_\_\_ Ward)

2. FULL NAME

Lusinda J. Hans

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 FA 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 19 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dist. Country

13. NAME Peter C. Branney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Hillie King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Sarah J. Therman

18. BURIAL, CREMATION, OR REMOVAL PLACE Senath DATE Jan 2, 38

19. UNDERTAKER (ADDRESS) McDaniel

20. FILE NO. 45207 1938 W. M. McDaniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1938

22. I HEREBY CERTIFY That I attended deceased from December 15, 1937, to Jan 1, 1938  
 I last saw her alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Chronic Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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) Robert L. Martin, M. D. (Address) Senath Mo

