

CAUSE OF DEATH information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important.

FEB 12 1938

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

277
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis (d) Street No. Residence 2013^A O'Fallon St. 277
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lovie Colston 423

(a) Residence, No. 2013^A O'Fallon St St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 James Colston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1894

7. AGE YEARS 43 MONTHS 1 DAYS 3 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as 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) Nashville (STATE OR COUNTRY) Tenn.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT James Colston (ADDRESS) 2013^A O'Fallon St

18. BURIAL, CREMATION, OR REMOVAL - PLACE Father Dickson DATE 1/6 1938

19. FUNERAL DIRECTOR: Ellis Funeral Home (ADDRESS) 2820 Stoddard St

20. FILED JAN 5 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Mr 15th 1937 to Jan 3rd 1938

I last saw her alive on Jan 13th 1938. Death is said to have occurred on the date stated above, at 8:30 a. m.

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

Chronic Interstitial Nephritis
and
Acute Pulmonary and Bronchitis
 Date of onset 11/15/37
 Other contributory causes of importance: 8/1/37

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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. P. Bredeck M. D.
 (Address) 2013^A O'Fallon St

STATEMENT BY LICENSED EMBALMER

I, Lonnie Baykins, Licensed Embalmer No. ~~4926~~ 29
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed Lonnie Baykins
Licensed Embalmer No. ~~4926~~ 29

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)