

FEB 16 1938

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

Do not use this space. 0

1. PLACE OF DEATH

County St. Louis
 Township Corriveau
 City St. Louis (No. Mr. St. Rose Hosp)

Registration District No. 96
 Primary Registration District No. 111

File No. 44146
 Registered No. 111
 St. 111 Ward 111

2. FULL NAME

Lucille Lins 520
 (a) Residence, No. 100 N. Old Orchard, Webster St. 520
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Orren H. Lins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-12-1910</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>4</u>	DAYS <u>3</u> If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
13. NAME <u>J. H. Liefert</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
15. MAIDEN NAME <u>Kennison</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Q. K. Lewis Sr.
 (ADDRESS) 100 N. Old Orchard

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter & Paul DATE 1-18-38

19. UNDERTAKER Louis N. Bopp
 (ADDRESS) 1318

20. FILED 16

THEODORE D. MEYER, M. D., D. P. H. (Signed) John J. Baurek Resident, M. D.
 Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 193822. I HEREBY CERTIFY, That I attended deceased from January 12, 1938, to Jan. 15, 1938I last saw her alive on January 15, 1938 Death is saidto have occurred on the date stated above, at 1:15 p.m.

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

Pulmonary TuberculosisDate of onset
1936

Other contributory causes of importance:

Right Emphysema 1937Name of operation Pneumothorax Date of 1937What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) John J. Baurek Resident, M. D.(Address) Mr. St. Rose SanatoriumSt. Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNING STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4146
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Carondelet
(c) City St. Louis

Registration District No. 784
Primary Registration District No. 200

Registered No.

(d) Street No.
(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

(a) Residence, No. St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
27 4 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-16 1938 P. R. Meyer M. O. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1938

22. I HEREBY CERTIFY That I attended deceased from

19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

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

Other contributory causes of importance:

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... 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) John J. Bauer Resident M. D. (Address) St. Louis Sanitarium

193A

S-4146