

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.

REC'D APR 1 1938

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

8735
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **2324**
 (c) City **St. Louis, Mo.** (d) Street No. **City Hosp. No. 1** St.
 (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

LILLIAN BARHAM 650
 (a) Residence, No. **4713 a Easton Ave.** St. **6** (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 2 1899**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
38		10	5	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **At home**
 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) **Terre Haute Ind.**

FATHER 13. NAME **Wm Handy**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER 15. MAIDEN NAME **Alice McKinney**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT (ADDRESS) **Frank Barham**
4713 a Easton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Mathews Cem** DATE **3/9/ 38**

19. FUNERAL DIRECTOR **Edith E. Emburster**
 (ADDRESS) **4234 Manchester Ave.**

20. FILED **MAR 8 1938** **J. D. Brudick** (Address) **Deputy Coroner**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3 / 7 / 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **1:05 P.M.**

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

Lysol Poisoning, self administered at her home 4713a Easton Ave. on March 7, 1938, at about 11:40 A.M.

Other contributory causes of importance:

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? **Suicide** Date of injury **3/7/ 19 38**
 Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **In Home.**

Manner of injury..... **See Above**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify **Alcohol**
 (Signed) **Deputy Coroner** (Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

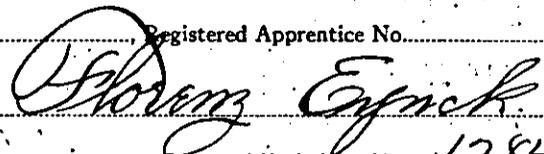
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 1284

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