

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

9106
Do not use this space.

791
1008

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis Mo..... (d) Street No..... BARNES HOSPITAL St. 2695
 (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 Jean Adrienne Lumley 540

(a) Residence, No. 5854 Plymouth St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-38 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1938 to 3-2-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1921

I last saw her alive on 3-2-1938. Death is said to have occurred on the date stated above, at 5:40 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 4 6

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

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. Student
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Rheumatic heart disease
mitral insufficiency
subacute bacterial endocarditis
anemia secondary
Cerebral embolism, left
 Date of onset 1928
Sept '37
3/17/37

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

Other contributory causes of importance with involvement of cerebral nerves No. VII
hemiplegia

FATHER 13. NAME Harry R. Lumley

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

What test confirmed diagnosis?..... Was there an autopsy? yes

MOTHER 15. MAIDEN NAME Alice Burgess

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.

16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

Manner of injury.....
 Nature of injury.....

17. INFORMANT (ADDRESS) Mrs. Alice B. Lumley
1425 Ogden Avenue

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE March 23, 1938

(Signed) C. H. Smith, M. D.

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home
1067 Hamilton Avenue.

(Address) BARNES HOSPITAL

20. FILED MAR 21 1938
J. P. Bredeek Local Registrar.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be carefully supplied.

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 Merle Shepard
Licensed Embalmer No. 3555

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.)