

REC'D JUN 9 1938

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

16183
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 10003
 (c) City St. Louis (d) Street No. BARNES HOSPITAL Registered No. 4044
 (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 Ella Lord L. 25

(a) Residence, No. 124 No. Harrison St. W.P. Kirkwood, Mo
 (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 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 Thomas Lord
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-7-1862
 7. AGE YEARS 75 MONTHS 5 DAYS 27 If LESS than 1 day,hrs. ormin.
 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.
 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) Ohio

FATHER 13. NAME John Le New

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

MOTHER 15. MAIDEN NAME Eliza Cramer

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

17. INFORMANT (ADDRESS) J. S. Le New

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayward Mo DATE May-1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis H. Bask
Kirkwood Mo

20. FILED 19 J. P. Budick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1938, to 4-29, 1938

I last saw her alive on 4-29, 1938 Death is said to have occurred on the date stated above, at 7:25 m.

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

Lobar Pneumonia Date of onset 4-20-38

Other contributory causes of importance:
Arterio-sclerosis of general vessel

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) B. H. Clark, M. D.
(Address) BARNES HOSPITAL

MAY - 2 - 1938

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.

4044

4044

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, me

John M Meyer, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed John M Meyer
Licensed Embalmer No. B 788

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.