

REC'D Ark 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8371

Do not use this space.

791
1003

Registered No. 2136

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 or
 City..... **St. Louis** (d) Street No. **Homer Phillips Hospital** 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 **34** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ⁵⁷⁷ **Lula Boon**

(a) Residence, No. **2728 Pine** 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 **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 4, 1889**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 6 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 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) **Mississippi**

FATHER 13. NAME **Tillman Cowan**

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

MOTHER 15. MAIDEN NAME **Onelia Edwards**

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

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Washington Park 6th, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Houston's Fun Home**
2812, Thomas, Street.

20. FILED **J. F. Beedee** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 11, 1939** to **March 1, 1939**

I last saw h. **et.** alive on **March 1, 1939**. Death is said to have occurred on the date stated above, at **2:15 a.m.**

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

ArteriosclerosisDate of onset
2/11/39

Other contributory causes of importance:

Pulmonary edema - terminal, caused by arterio sclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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 **J. F. Beedee**, M. D.
 (Signed) **J. F. Beedee**
 (Address) **2601 N Whittier**

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, or by myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas, St.

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.