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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 630 630

Registration District No. 791 1003

Primary Registration District No.

Registrar's No.

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)

In this community 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26

(c) City or town St. Louis.
(If outside city or town limits write "RURAL")

(d) Street No. 1939 Sullivan Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lulu Troutner 635

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown.

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Aug. (Month) 12th. (Day) 1879. (Year)

8. AGE: Years 60 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Pittsfield (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Housekeeper.

11. Industry or business

MOTHER FATHER

12. Name John Gaw.

13. Birthplace Unknown. (City, town, or county) (State or foreign country)

14. Maiden name Polly Waters.

15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Russell Mc Clennan

(b) Address 3933 Vest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-39. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director H. Leidyer Und. Co.

(b) Address 1417 N. Market St.

19. (a) JAN 22 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20, year 1940 hour 8:05 minute A.M.

21. I hereby certify that I attended the deceased from January 7, 1940 to January 20, 1940 that I last saw her alive on January 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach c̄ Generalized Metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address 1515 Lafayette, Date signed 1/20/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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

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