. S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36270

Registrar's No. 9960

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution MISSOURI PACIFIC HOSP (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-DAYS 0 (Specify whether

In this community 7 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town PINE LAWN (If outside city or town limits, write "RURAL")

(d) Street No. 6700 STRATFORD (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) NR

If yes, name country —

3. (a) PRINT FULL NAME Lillie June Otis

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife FRED OTIS

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JUNE-11-1906 (Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 10 If less than one day hr. min.

9. Birthplace CHATTANOOGA TENN (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name JIM SPERMAN
13. Birthplace CLEVELAND - TENN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JULIA CHADWICK
15. Birthplace CLEVELAND - TENN (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Otis

(b) Address 6700 Stratford ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) NOV 24 1944 (Date received local registrar) (b) J. F. Brekeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st year 1944 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 18, 1944, to Nov. 21, 1944; that I last saw her alive on Nov. 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Tracheal obstruction Acute laryngitis, suppurative Suppurative cervical lymphadenitis

Duration

Due to

Due to

Other conditions — (Include pregnancy within 3 months of death)

105.1

Major findings:
Of operations same.

Of autopsy

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 Royal A Weir (M. D. ~~or other~~)

Address 1755 So Grand Date signed 11/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 John Agonoski

Licensed Embalmer No. 338

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, fact should be so stated above.