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

39660
Do not use this space.

1. PLACE OF DEATH DEC 13 1937 — Registration District No. 1003 — Registered No. 10647

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. 1003

(c) City St. Louis (d) Street No. 6111 Virginia ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillian Latreille

(a) Residence, No. 6111 Virginia ave. St. 1
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	73	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

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) St. Louis Mo.

FATHER

13. NAME Cavanaugh Pyle

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

MOTHER

15. MAIDEN NAME Nancy Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murphyboro Illinois

17. INFORMANT Robert Latreille
(ADDRESS) 6111 Virginia ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem. DATE Nov. 18 1937

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED DEC 14 1937 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-12- 1937, to 11-15- 1937.
I last saw her alive on 11-15- 1937. Death is said to have occurred on the date stated above, at 7.05 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3 days
Senility.	

Other contributory causes of importance:

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

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? No.
If so, specify .....

(Signed) D. S. Smith M. D.
(Address) 6006 Virginia Ave.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. L. C. Hoffmeister #3871

No. ..... or by ....., Registered Apprentice No. 2426

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

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.)