

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

Do not use this space.

Dr. [Signature]
File No. **27487**
Registered No. **601**
Ward

1. PLACE OF DEATH

County St. Louis Registration District No. 318
Township Springfield Mo Primary Registration District No. 2001
City 923 So Jefferson Ward

2. FULL NAME

(a) Residence. No. 923 So Jefferson Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (or) WIFE OF <u>Ed Bastian</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 9 - 1867</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>3</u>	DAYS <u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
10. NAME OF FATHER <u>John Lyons</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
12. MAIDEN NAME OF MOTHER <u>Esther M. [unclear]</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
14. INFORMANT (Address) <u>923 So Jefferson</u>		
15. FILED <u>8:19, 1929</u> <u>John Sharp</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/15, 1927, to 8/15, 1927, and that I last saw her alive on 8/16, 1927, and that death occurred, on the date stated above, at 10:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Mental Dementia

CONTRIBUTORY (SECONDARY) 74 W

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) A. G. [unclear], M. D.
4/19, 1927 (Address) 223 1/2 South

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
North Park Aug 20, 1929

20. UNDERTAKER ADDRESS
W. H. [unclear]

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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