

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

Do not use this space.

15592

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University City (No. 7396 Kingsbury)

File No. _____
 Registered No. 54
 St. _____ Ward _____

2. FULL NAME

Lena Belle Houlter
 (a) Residence. No. 7376 Kingsbury Blvd. St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Houlter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 7 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Janna Boedicky

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fayetteville
 (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Margaret Lauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Bellefontaine
 (STATE OR COUNTRY) Missouri

14. INFORMANT Margaret B. Huetto
 (Address) 7376 Kingsbury Blvd

15. FILED 420 1931 Lena V. Mueller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 1931

17. I HEREBY CERTIFY, That I attended deceased from April 14th, 1931, to April 17th, 1931, that I last saw him alive on April 17th, 1931, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho - Pneumonia
93D
107A

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Frank L. Davis, M. D.

4/18 - 1931 (Address) University Club Bldg.

*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

Bellefontaine Cemetery April 20 1931
 20. UNDERTAKER Hagerson ADDRESS 3621 Olive St.

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.

MAY 27 1931

