

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Lutheran Hospital)

42277
File No.
Registered No. 12164
St. Ward)

2. FULL NAME

Louisa K. Atwell
(a) Residence. No. Centaur Mo-R-22 St. D.H. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 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 George Atwell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 0 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baldwin Mo.
(STATE OR COUNTRY) U.S.A.

PARENTS
10. NAME OF FATHER John Kraus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Richard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Harry Atwell
(Address) 7414 Llanerch-Woodmoor Mo.

15. DEC -7 1931
FILED 1931
W. C. Stokely
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 - 1931
17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Dec 6 1931, and that I last saw him alive on Dec 5 1931, and that death occurred, on the date stated above, at 7:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
arterio sclerosis
(duration) 2 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) 82A
97 (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Lutheran Hospital
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Symptoms & Hospital Autopsy
(Signed)..... M. D.

. 19 (Address) 2838 S Grand Bl

*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 Bethel cemetery Pond Mo. DATE OF BURIAL Dec 8 - 1931

20. UNDERTAKER Schrader Und. Co. ADDRESS Baldwin Mo

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.

