

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.

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

Do not use this space.

JUN 28 1935

18564

1. PLACE OF DEATH

County St. Louis Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 D

City St. Louis Mo (No. Hoffmeisters Store on 61 Highway)

File No. _____

Registered No. 164

St. _____ Ward _____

2. FULL NAME Lilly Mitchell

(a) Residence, No. R.F.D. Mablelle Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED OF (OR) WIFE OF Wass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 55 — — —

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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

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) Mississippi

13. NAME Steve Yanko

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

15. MAIDEN NAME Elizabeth John

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

17. INFORMANT Wass Mitchell (ADDRESS) R.F.D. Off Bks. Mo.

18. BURIAL, CREMATION, OR DISPOSAL PLACE St. Louis Cem. DATE May 4, 1935

19. UNDERTAKER C. Hoffmeister U.S.L.C. (ADDRESS) 17814 So. Broadway

20. FILED May 3, 1935 G. Maurer Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935 to May 2, 1935

I last saw him/her alive on May 2, 1935 Death is said

to have occurred on the date stated above, at 5:10 AM

The principal cause of death and related causes of importance were as follows:

uremia poisoning Date of onset _____

Other contributory causes of importance _____

nephritis

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 _____

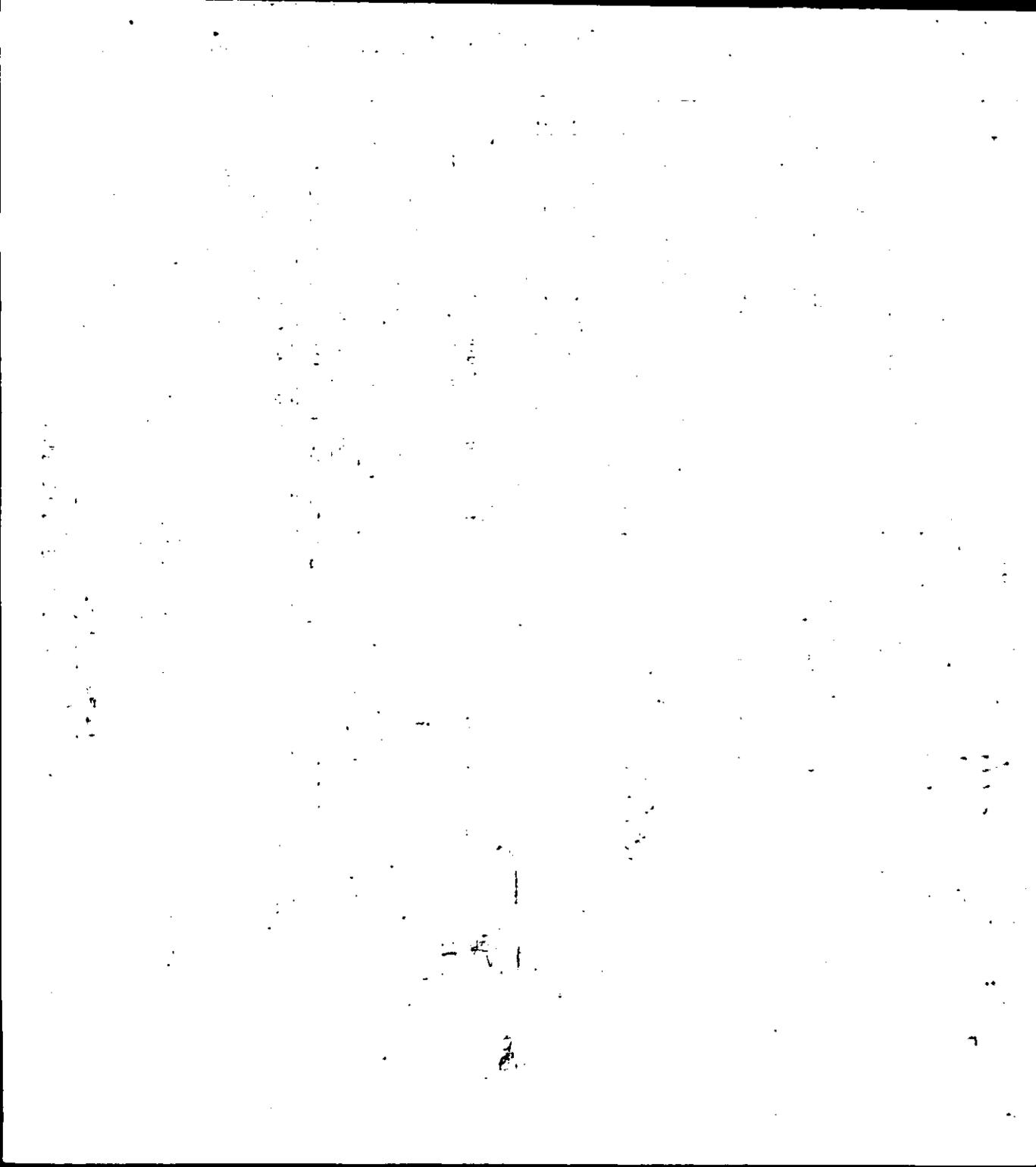
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Biesemeyer M. D.

(Address) 762 Lundy Ferry Rd



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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township.....
City..... (No., St. Ward)

Registration District No. 1123
Primary Registration District No. 6288D

File No.
Registered No. 164

2. FULL NAME

(a) Residence, No. Lilly Mitchell 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 53

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED May 3 1935 G. Mowrey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance
nephritis - chronic

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?
If so, specify.....

(Signed) J. S. Mowrey, M. D.
(Address).....

CHOSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

18564

JUL 12 1935