

OCT 23 1935

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

Do not use this space.

791
1003

30902

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No.
Primary Registration District No.
(No. *St. Anthony Hosp.*)

File No.
Registered No. *7691*
St. Ward

2. FULL NAME

(a) Residence, No. *3220* *Massachusetts* St., *24* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <i>George Niederer</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 17 1895</i>				
7. AGE YEARS <i>40</i>	MONTHS <i>-</i>	DAYS <i>24</i>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>				
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) <i>Iowa</i>				
13. NAME <i>Lufe Burns</i>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>U. S. A.</i>				
15. MAIDEN NAME <i>Don't know</i>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>U. S. A.</i>				
17. INFORMANT (ADDRESS) <i>George Niederer</i> <i>3220</i> <i>Massachusetts</i> <i>St. Louis</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Hope Mausoleum</i> DATE <i>Sept 13</i> 19 <i>35</i>				
19. UNDERTAKER (ADDRESS) <i>Wreck Boos</i> <i>2201</i> <i>St. Anthony</i> <i>St. Louis</i>				
20. FILED <i>SEP 12 1935</i> 19..... <i>J. F. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *September 11*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *May 1*, 19*35*, to *September 11*, 19*35*

I last saw her alive on *September 11*, 19*35*. Death is said to have occurred on the date stated above, at *1:30 p.m.*

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

Embolism
Pulmonary
Cause of infection unknown
no preperit.

Other contributory causes of importance:
Staphylococci Septicaemia
(Viridans)
Ch. Myocarditis Endocarditis

Name of operation *Transfusions* Date of.....
What test confirmed diagnosis? *Ch. test* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury....., 19.....
Where did injury occur? *none*
(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.....
none

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *W. A. Lambeth*, M. D.
(Address) *2727* *Reservoir* *St. Louis*

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.

OCCUPATION
FATHER
MOTHER

2
31
32

