OCT 23 1935

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

Do not use this space.
31167

File No. 7963
Registered No.

**1. PLACE OF DEATH**

County
Township
City St Louis (No. 4660, St Louis St., Ward)

Registration District No. 791
Primary Registration District No. 1003

**2. FULL NAME** Lucy Flatau

(a) Residence, No. 4660 St Louis St., 11 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1869

7. AGE: YEARS 66 | MONTHS 8 | DAYS 0 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) No Carolina

FATHER

13. NAME Wm Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Carolina

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Alexander Flatau 4660 St Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove C. DATE 9-23 1935

19. UNDERTAKER (ADDRESS) Rowland Mortuary Service 4355 Washington

20. FILED SEP 22 1935 19.... J. F. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Sept 20, 1935

I last saw her alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 3.05 P.m.

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

| | Date of onset |
|---|---|
| Acute Bronchitis | 9/16/35 |
| | |
| | |
| | |

Other contributory causes of importance:
Bronchopneumonia
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys Exam Was there an autopsy? No

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? No
If so, specify

(Signed) John G. McTurney, M. D.
(Address) 4701 St Louis Av

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.

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