WHITE PLANET, 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.

JUL 18 1936

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

Do not use this space.

27996

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6706

City St. Louis, Mo. (No. 2349, Hebert St. ..... St. ..... Ward)

2. FULL NAME Lillian Mary Scofield

(a) Residence, No. 2349 Hebert St. St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Singel

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19th, 1907

7. AGE: YEARS 29 MONTHS 2 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

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

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) St. Louis, Mo.

FATHER

13. NAME Bambridge Scofield

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

MOTHER

15. MAIDEN NAME Dena Silverman

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

17. INFORMANT (ADDRESS) Edward Scofield 2349 Hebert St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miram Park DATE 7/4/36, 19

19. UNDERTAKER (ADDRESS) Pronast Und. Co. 3710 N. Grand Blvd

20. FILED JUL 2 1936 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936 to June 23, 1936

I last saw her alive on June 23, 1936 Death is said to have occurred on the date stated above, at 8:44 AM.

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

	Date of onset
Acute Tuberculous Pneumonia with Complications	Feb 1936
Other contributory causes of importance: Tuberculosis of Gastro intestinal tract - T. B. Peritonitis	Feb 1936

Name of operation —— Date of ——

What test confirmed diagnosis? Sputum 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) H. D. Spector, M. D.

(Address) 622 Mercantile Club Bldg

Dr. Spencer 12:20 pm - 2 p.m
Commercial Club Bldg.