

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
33 County St. Louis Registration District No. 266 File No. 6606
Township Franklin Primary Registration District No. 5373 Registered No. 7
City St. Louis (No. 200) St. Ward)

2. FULL NAME Louisa Louich
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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 Levi Louich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 24

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

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) Pennesse

FATHER 13. NAME Ebenezer Reed

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

MOTHER 15. MAIDEN NAME Mahala Journey

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

17. INFORMANT (ADDRESS) Levi Louich
Don Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE 2/7

19. UNDERTAKER (ADDRESS) N. D. Tolson
Salmon Mo.

20. FILED Feb 7 1938 4 Elberta Mo.
Registrar. 2127

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th 193822. I HEREBY CERTIFY, That I attended deceased from July 5 1938 to July 6 1938I last saw him alive on July 6 1938 Death is saidto have occurred on the date stated above, at B. P. m.

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

ApoplexyArterio-Sclerosis93201Other contributory causes of importance: SenilityName of operation Date ofWhat 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 injuryNature of injury24. Was disease or injury in any way related to occupation of deceased?If so, specify(Signed) J. L. Lieke M. D.
Salmon Mo.
(Address)Date of onset
2-5-38Don Mo.

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

