

REC'D MAY 10 1938

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

12697
Do not use this space.

3301

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Missouri (d) Street No. City Hospital #1 Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lillie Hancock 522
(a) Residence, No. 3915 a Folson St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 10 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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) Tenn.

13. NAME Frank Clendenin

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

15. MAIDEN NAME Mary Stern

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

17. INFORMANT (ADDRESS) Hosp. info. M. Williams
City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Sandy Tennessee DATE April 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Petz Brothers
3029 Lafayette Ave

20. FILED APR 8 1938 J. B. Prudick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/38, 19...

22. I HEREBY CERTIFY, That I attended deceased from 2/15/38, 19... to 4/7/38, 19...

I last saw her alive on 4/7/38, 19... Death is said to have occurred on the date stated above, at 12:25 A.M.
The principal cause of death and related causes of importance were as follows:

Essential Hypertension
Other contributory causes of importance:
102

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Y.

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 Richard P. Voth M. D.
(Signed) 1515 Lafayette
(Address)

STATEMENT BY LICENSED EMBALMER

I, Frank J. Swann Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Swann

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)