

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13165

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **1003**  
 (b) Township..... Primary Registration District No. **City Hospital** Registered No. **3769**  
 (c) City **St. Louis** (d) Street No. **City Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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

**Lilly Church** **620**  
 (a) Residence, No. **5238 Theodora** St. **6** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Elliot Church**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 6, 1855**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**83 1 16**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife Home**  
 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) **Litchfield, Illinois.**

FATHER 13. NAME **Unknown Moss**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

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

17. INFORMANT (ADDRESS) **Mrs. Henry Lasham 5238 Theodora**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **April 23, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Drehman Harra 1905 Union Blvd.**

20. FILED **620** 19 **38** **6** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1938**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

**Fracture of the Right Femur suffered when she fell on the concrete floor of the bathroom, at the City Sanitarium on Feb 23 1938**

Other contributory causes of importance: **None**

Name of operation **Terrie Unknown** Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? **St. Louis, Mo. 2/23/38**

Specify whether injury occurred in industry, in home, or in public place. **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) **Joseph M. Quinn, M.D.**

(Address) **Deputy Coroner**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**