

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100823397
Do not use this space.

6091

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street Nicholson's Nursing Home, 5102 Maple 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

Mrs. Lucille Antoine
 (a) Residence, No. 5021 Cabanne St. 12
 (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 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 Constant C. Antoine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Ill.
Dont know

FATHER 13. NAME U. Hamilton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

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

17. INFORMANT Constant C. Antoine
 (ADDRESS) 5021 Cabanne,

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 7-9, 1938

19. FUNERAL DIRECTOR Edith E. Ambrester
 (ADDRESS) 4234 Manchester, St. Louis, Mo.

20. FILED JUL 8 1938 J. B. Brueck (Address) 74-5037 Washington
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 7, 1938
 I last saw her alive on July 7, 1938 Death is said

to have occurred on the date stated above, at 9:20 a.m.
 The principal cause of death, and related causes of importance were as follows:

As acute dilation of heart caused by chs. myocarditis
 Date of onset

Other contributory causes of importance:

apoplexy 93C

Name of operation..... Date of.....
 What 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 injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify..... (Signed) T. J. ..., M.D.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Howard P. Rowland*

Licensed Embalmer No. *3114*

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.)