

REC'D FEB 10 1939

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

668
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... 791
(b) Township..... Primary Registration District No..... 7003
(c) City..... St. Louis (d) Street No..... Homer Phillips Hospital St.
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *300* Lula Reed

(a) Residence, No. 3438 Lawton St. *21*
(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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
51 -- 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
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) Monroe, Louisiana
(STATE OR COUNTRY)

13. NAME ? Green

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

15. MAIDEN NAME unknown

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Washington Park* DATE *1/22/1939*

19. FUNERAL DIRECTOR (NAME) *E. S. Garner*
(ADDRESS) *2829 Washington*

20. FILED *J. B. Brudick*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939 to Jan. 19, 1939

I last saw her alive on Jan. 19, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Far advanced carcinoma of cervix with metastasis

Date of onset

1/5/39

Other contributory causes of importance:

Pulmonary edema

Chronic nephritis

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

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) *J. B. Brudick*, M. D.
(Address) *2601 N Whittier*

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.....

Arthur L. Keilland

Licensed Embalmer No.

3389

P. O. Address.....

3028 Dickson

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.