

0959
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 27712
 Registrar's No. 7212

Registration District No. 791 1003 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution: City Hospital
 (d) Length of stay: In hospital or institution 3 Days
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (d) Street No. 2320 Warren Street
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lulu Reardon 635
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 18, year 1939 hour 5:00 minute _____ P. M.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Lawrence (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from August 16, 1939, to August 18, 1939; that I last saw her or alive on August 18, 1939; and that death occurred on the date and hour stated above.

7. Birth date of deceased March 24 1892
 8. AGE: Years 47 Months 4 Days 24 If less than one day hr. _____ min.

Immediate cause of death Cerebral thrombosis
Hypertension
Hypertensive heart disease
 Due to _____

9. Birthplace St. Louis, Missouri
 10. Usual occupation Housework

Other conditions _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Bernard Rooney
 (b) Address 2811 North 13th Street
 17. (a) Burial (b) Date thereof Aug. 21st, 1939
 (c) Place: burial or cremation National Cem

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Ray Lindner and Co
 (b) Address 1417 N. Market Street
 19. (a) 8-20-39 (b) J.P. Bieder
 (Date received local registry) (Registrar's signature)

While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Samuel Lehman (M. D. or other) M.D.
 Address City Hospital Date signed 8/19/39

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis Ave

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.