

S. No. 2
M-5-42
v. 5-17-39
X32873

19379

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5367
Registrar's No. 5367

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis
(c) Name of hospital or institution: 2. City Sanitarium
(d) Length of stay: In hospital or institution 6 yrs 6 mos 10 ds.
In this community 23 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County 000
(c) City or town. St. Louis 19
(d) Street No. 4214 Westminster 713.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LULA AYERS
3. (b) If veteran, name war. - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10
year 1943 hour 1:05 minute P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 23 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 30 1936 to June 10 1943
that I last saw her alive on June 10 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 4 Days 17 If less than one day hr. min.

Immediate cause of death: Coronary Thrombosis 6-10-43
Hypertensive Heart Disease 11-30-36
Due to 93

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation none

11. Industry or business
MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
14. Maiden name unknown
15. Birthplace unknown 9

16. (a) Informant Thelma A. Angler
(b) Address 5400 Arsenal
17. (a) BURIAL (b) Date thereof 6-10-43
(c) Place: burial or cremation CALVARY

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?
While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Hubert Kelly
(b) Address 1416 N. Taylor St.
19. (a) JUN 11 1943 (b) J. F. Bedack
(Date received local registrar) (Registrar's signature)

23. Signature M. L. Moore (M. D. or other) MD
Address 5400 Arsenal St. Date signed 6/11/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

844

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.....

*Embalmer cert filed
separately*

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, fact should be so stated above.