

REC'D MAY 10 1938

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

12627  
Do not use this space.

3231

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 2618 Lafayette Ave 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 18 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lou Vern Hastings 235

(a) Residence, No. 2618 Lafayette Ave St. 23 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Daniel Boone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1957

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 11 28

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. At Home  
10. Date deceased last worked at this occupation (month and year) 1950 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Vienna (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown McDaniel

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm. N. Henry  
2618 Lafayette

18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna, Mo. DATE Apr. 6, 1958

19. FUNERAL DIRECTOR (ADDRESS) W. H. McLaughlin  
2301 Lafayette

20. FILED APR 5 1938 J. F. Budick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 6th., 1938, to April 3rd., 1938

I last saw her alive on March 31st., 1938 Death is said to have occurred on the date stated above, at 10 AM

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

Septicemia following infected bed sore.

Date of onset Jan. 1938

Other contributory causes of importance:

Chronic arthritis, of long standing

Name of operation NONE Date of .....  
What test confirmed diagnosis? All usual 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 .....

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? No.

If so, specify

(Signed) Wm. N. Henry, M. D.

(Address) 2278 S. Jefferson

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.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed L.R. Cooper  
Licensed Embalmer No. 3633

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.)