

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

Do not use this space.

10322

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 203
 City St. Louis No. Mullanphy Harbo St. _____ Ward _____

File No. _____
 Registered No. 2296
 St. _____ Ward _____

2. FULL NAME

Clemens Lengner
 (a) Residence. No. 4410 Ave A St. 16 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Margaretta Lengner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19 - 1861.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>4</u>	<u>13</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Foreman
 (b) General nature of industry, business, or establishment in which employed (or employer) Huttig Sash & Door Co.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER John Lengner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs M. Lengner
 (Address) 4410 Ave A

15. FILED May 2 1930
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1930

17. I HEREBY CERTIFY, That I attended deceased from February 24 1930 19____ to March 4 1930 19____ that I last saw h. live alive on March 4 1930, 19____ and that death occurred, on the date stated above, at 9:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage (Apoplexy)
131
SvH

CONTRIBUTORY (duration) _____ yrs. mos. ds.
Chronic Interstitial Nephritis
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED (duration) _____ yrs. mos. ds.
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinically
 (Signed) Arthur Gabriel M. D.
March 5, 1930 (Address) 3509 Market St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New Pickersben 3-6 1930

20. UNDERTAKER ADDRESS 4228

Hieghausen & Co. Kingdighy

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.

Dr A. Barker
350 S. Main St.
Al.