

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

Do not use this space.

22890

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **1828**)

Name **Lami**

File No. **6322**

Registered No. **6322**

St. Ward (.....)

2. FULL NAME *Lena Fischer*

(a) Residence. No. **1828 Lami** St. **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? **50** yrs. ✓ mos. ✓ ds.

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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 6 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House Work**
(b) General nature of industry, business, or establishment in which employed (or employer) **233**
(c) Name of employer

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

10. NAME OF FATHER **Jno Grevel**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Mrs. Emma Soquel**
(Address) **4915 1/2 St. Louis**

15. FILED **6 1931** REGISTRAR **W. C. Stanton**

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 3 1931**

17. HEREBY CERTIFY, That I attended deceased from **May 17th** 1931, to **June 3rd** 1931 that I last saw her alive on **June 2nd** 1931, and that death occurred, on the date stated above, at **4:20 A. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131
93C (duration) **2** yrs. **6** mos. **-** ds.

CONTRIBUTORY **Chronic Myocarditis**
(SECONDARY) (duration) **-** yrs. **6** mos. **-** ds.

18. WHERE WAS DISEASE CONTRACTED

NOT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? **no** DATE OF **-**
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Urinalysis.**
(Signed) **Albert Berstath**, M. D.
June 5th 1931 (Address) **3548 - A. Grand**

*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 **Zion** DATE OF BURIAL **6-6 1931**

UNDERTAKER **Wm Schumacher** ADDRESS **3013 Meramec**

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.

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3548 S Grand

4:30 to 6