

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

Do not use this space.

24248

1. PLACE OF DEATH

County Registration District No. **701**
 Township Primary Registration District No. **1003**
 City St. Louis Mo. (No. 4027² Ashland Ave St. 10 Ward)

File No.
 Registered No. **6363**
 St. Ward)

2. FULL NAME Lena Diering

(a) Residence, No. 4027² Ashland Ave St. 10 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 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) Mar 5th 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Tony Reine
 FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1911

15. MAIDEN NAME Not known
 MOTHER

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

17. INFORMANT Mrs. E. Hartnagel
 (ADDRESS) 4027² Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bridgman DATE July 11, 1932

19. UNDERTAKER By Leidner Mnd. Co
 (ADDRESS) 4147 N. Market St.

20. FILED JUL 11 1932 Max C. Miller
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th 1932

I HEREBY CERTIFY, That I attended deceased from June 29 1932 to July 8 1932
 I last saw her alive on July 8th 1932 Death is said to have occurred on the date stated above, at 5th A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 82A
97 82A
 Other contributory cause of importance: - Atherosclerosis 1

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 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 Esophageal Cancer M. D.
 (Signed) Esophageal Cancer
 (Address) 12743 In Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

No. Brockton