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.

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

Do not use this space.

37846

File No. 10551
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1002

Township ..... Primary Registration District No. 595

City St. Louis Mo. (No. 2409 Dickson St. St. ..... Ward)

2. FULL NAME Lena Villhard

(a) Residence, No. 2409 Dickson St. St., 21 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) Dec 25 - 1866

7. AGE: Years 65 | Months 11 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

FATHER

13. NAME Magdalina Weinerth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edward Villhard 2409 Dickson St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Nov. 30, 1932

19. UNDERTAKER (ADDRESS) H. J. Leidner Undt. Co. 2717 N. Market St.

20. FILED NOV 29 1932 [signature] Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1932, to Nov. 28, 1932

I last saw h[illegible] alive on Nov. 26, 1932. Death is said to have occurred on the date stated above, at 5 A.m.

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

	Date of onset
Aortic & mitral regurgitation with arteriosclerosis (non comp. installed)	
92H	
93	92 A
300	

Other contributory causes of importance:

Chronic gastro-intestitis [illegible] due to chronic diet (pork sausage & ox-tails)

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? .....
If so, specify .....

(Signed) A. F. Gruber, M. D.
(Address) 2206 Howard St.