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

Do not use this space.

File No. 18743
Registered No. 5252

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1008
City St Louis Mo (No. St Anthonys Hosp ..... St. ..... Ward)

2. FULL NAME Lena Megl

(a) Residence, No. 4024 Itaska St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

JUN 19 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 - 1875

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9
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) St Louis Mo

FATHER
13. NAME John Roneacker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT John Megl
(ADDRESS) 4024 Itaska

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE May 26 1934

19. UNDERTAKER John L Zeppenhein & Sons
(ADDRESS) 7027 Manchester

20. FILED MAY 25 1934 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934

22. I HEREBY CERTIFY That I attended deceased from May 20 1932, to May 23 1934, 19..., I last saw her alive on May 23 1934, 19..... Death is said to have occurred on the date stated above, at 1:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Disease	
Chr. myocarditis	3 Years

Other contributory causes of importance:

Pulmonary Embolism caused by Chr. myocarditis	5/22/34

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Exam 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 ....., 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) H. to Frenchler M. D.
(Address) 3585 Grand St. L.