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

NOV 4 1936

Do not use this space.

39087

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10116

City St. Louis, Missouri (No. City Hospital No. 1 ..... St. ..... Ward)

B. 9577

2. FULL NAME Roy Lengren

(a) Residence, No. 2521 S. Bdway St., 23 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1936

7. AGE: 0 YEARS | MONTHS: 1 | DAYS: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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

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

FATHER

13. NAME Joseph Lengren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana

MOTHER

15. MAIDEN NAME Mary Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL-
PLACE St. Matthews Cem. DATE Oct. 7, 1936

19. UNDERTAKER (ADDRESS) Keich Bros 2201 So. Grand Bl.

20. FILED OCT 6 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/25/36, 19 to 10/5/36, 19

I last saw him alive on 10/5/36, 19 Death is said to have occurred on the date stated above, at 6.35 p

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

Congenital kidneys, type unknown.
Broncho pneumonia.

Date of onset

Other contributory causes of importance:

107a

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. R. Eveloff, M. D.

(Address) City Hospital No.1

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