

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

Do not use this space.

FEB 8 1937

4292

1356

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3548 Victor) 2 St. Ward)

File No.....
Registered No.....

2. FULL NAME Lena Yuede

(a) Residence, No. 3548 Victor St., 17 Ward. 1
(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. 17 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1937

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

22. I HEREBY CERTIFY That I attended deceased from January 26, 1937, to January 28th, 1937

I last saw her alive on January 28th, 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23rd, 1875.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 0 5

Chronic Myocarditis Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 35

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

59

Other contributory causes of importance:
Diabetes High blood pressure

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

13. NAME Fred Lang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Elizabeth Wassmus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

17. INFORMANT George Yuede

(ADDRESS) 3548 Victor St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Feb. 1st, 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle

2331 S. Broadway

20. FILED JAN 30 1937 J. Wredeck Registrar.

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) Dr. Robert Preiderer, M. D.
(Address) 2124 Russell Ave
St. Louis Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important.

