

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

Do not use this space.

JUN 12 1937

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18465

1. PLACE OF DEATH

County..... Registration District No.....
 Townshp..... Primary Registration District No.....
 City **St. Louis** (No. **Lutheran Hospital**).....
 File No.....
 Registered No. **5041**
 St. Ward)

2. FULL NAME **Lena Hertel**

(a) Residence, No. **4035 Phillips** St., **16** 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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 22, 1872**

7. AGE YEARS 64	MONTHS 10	DAYS 24	IF LESS than 1 day,hrs. ormin.
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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.

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 Missouri**

13. NAME **Carl Meuser**

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

15. MAIDEN NAME **Urspruch**

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

17. INFORMANT **Fred Hertel** (ADDRESS) **4035 Phillips**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **5/19/37**

19. UNDERTAKER **John L. Ziegenhein & Sons,** (ADDRESS) **7027 Gravois Avenue.**

20. FILED **MAY 19 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **April 22**, 19**37**, to **May 16**, 19**37**.
 I first saw her alive on **May 16**, 19**37**. Death is said to have occurred on the date stated above, at **3 P.M.**

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

Cerebral hemorrhage

Other contributory causes of importance:
High stones, 14 resuscitated, 2
Subarachnoid hemorrhage, 3
Non-palpable
 Name of operation **part hysterectomy** Date of **May 11**
 What test confirmed diagnosis? **Roa** 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? **No**
 If so, specify.....
 (Signed) **Walter E. Ebel** M. D.
 (Address) **Alton**

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.

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