

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

39924
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937** Registration District No. **7911**
 (a) County Primary Registration District No. **1008**
 (b) Township **St. Louis** City Hospital No. **1** Registered No. **10911**
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 12167 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME **Lena Gendron**
 (a) Residence, No. **1 521 Picker** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **H John Gendron**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 25, 1869**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 27
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **hwk**
 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) **Illinois**
 13. NAME **Ernest Schrader**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 15. MAIDEN NAME **Louise Rader**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETERS SEM.** DATE **NOV. 27, 1937**
 19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schurr, 3125 LA FAYETTE AV.**
Nov 26 1937 **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/22/37**, 19
11/16/37 HEREBY CERTIFY, That I attended deceased from **11/22/37**, 19
 I last saw her alive on **11/22/37**, 19. Death is said to have occurred on the date stated above, at **1025** a.
 The principal cause of death and related causes of importance were as follows:
Coronary artery thrombosis
 Date of onset
 Other contributory causes of importance:
Ventricular paroxysmal tachycardia
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**
 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 **Charles Harrington, M. D.**
 (Address) **City Hospital No. 1**

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.

877 2 16 18

STATEMENT BY LICENSED EMBALMER

I, James Gullwan, Licensed Embalmer No. 2260
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Gullwan
L. E.

No. _____ or by _____ Registered-Apprentice No. _____
working under my personal supervision.

Signed James Gullwan
Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)