

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

8607
Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis (d) Street No. 5603a St. Louis Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

Registration District No. 791
 Primary Registration District No. 1003
 Registered No. 2195

2. PRINT FULL NAME Lenora Sanders 536

(a) Residence, No. 5603a St. Louis Ave. St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Dr Philip F.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12th. 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 7 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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 Mo

FATHER
 13. NAME George Lunz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
 15. MAIDEN NAME Nora Carey

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

17. INFORMANT Dr Philip F Sanders
 (ADDRESS) 5603a St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt. DATE 3/7/38

19. FUNERAL DIRECTOR Harrigan & Sheahan Und
 (ADDRESS) 4415 Washington Blvd.

20. FILED MAR 4 1938 J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3/38 1938

22. I HEREBY CERTIFY That I attended deceased from May 26, 1937, to Mar. 3, 1938

I last saw her alive on Mar 2, 1938 Death is said to have occurred on the date stated above, at 10:45am

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

Carcinoma of Cervix
Metastasis to rectum
 Date of onset

Other contributory causes of importance:
Implantation of radium June 1937
 Name of operation Date of
 What test confirmed diagnosis? 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
 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 1

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) H. F. Bergman, M. D.
 (Address) 3720 Washington

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.

*In file of ...
56012 at Jones
3720 Washington Blvd 1204*

STATEMENT BY LICENSED EMBALMER

I, Albert G Hoppe Licensed Embalmer No. 2961

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

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

Signed

Albert G Hoppe

Licensed Embalmer No. 2961

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.)