

MAY 10 1938

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

12609  
Domiciliary space.

8213

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 12609  
(c) City St. Louis (d) Street No. 3209 Cherokee St. 16  
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Lena Schamburg 516  
(a) Residence, No. 3209 Cherokee St. 16 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
82 11 22

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) 9-1-37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenburg Mo

13. NAME Unknown

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

15. MAIDEN NAME

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

17. INFORMANT (NAME) (ADDRESS) Spes G. Schamburg  
4147 Chippewa

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE 4-5-38 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister  
406 Chippewa

20. FILED APR 5 1938 J. D. Baaloch  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 - 1937 to Mar 30, 1938

I last saw her alive on Mar 30, 1938. Death is said to have occurred on the date stated above, at 4 P. M.

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

mitral Regurgitation Date of onset  
Chronic carditis  
General arteriosclerosis

Other contributory causes of importance:

Name of operation none Date of none  
What test confirmed diagnosis? 27 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 h  
Nature of injury h

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) A. S. Fune, M. D.  
(Address) 1803 Carlitz

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Edwin H. Leisinger*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision

Signed .....

*Edwin H. Leisinger*

Licensed Embalmer No. 3888

P. O. Address 4016 Chippewa

**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.)**

**If this body is not embalmed, above space should be left blank.**