NOV 16 1938

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

33857
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 8843
(d) Street No. City Hospital No. 1 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.

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2. PRINT FULL NAME Lena Dent
(a) Residence, No. 7349 Vermont St. 1
(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 Samuel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 . 1880
7. AGE YEARS 58 MONTHS 9 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Bethalto Illinois

FATHER
13. NAME Nicholas Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Otilla Stoehr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hosp. Info M. Kent City Hospital #I
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cem. Alton, Illinois DATE October 13, 38
19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway
20. FILED OCT 10 1938 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/1/38, 19 to 10/10/38, 19
I last saw her alive on 10/10/38, 19 Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho-pneumonia
Hypertension
Cerebral softening

Other contributory causes of importance:
Diabetes mellitus

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 specify
(Signed) Edward J. Weiss, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

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, and Linus C. Hoffmeister #3871, or by

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

Geo. W. Hoffmeister

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7148 Broadway

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

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