

REC'D FEB 10 1939

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

791
1003324
Do not use this space.

324

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City... St. Louis..... (d) Street No. 4048 @ Nebraska Avenue..... 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.

2. PRINT FULL NAME 260 Josephine Lager

(a) Residence, No. 4048 @ Nebraska Avenue St. 15
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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 Leo Lager14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Anna Rolfes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Gregory Rehme
4048 Nebraska Avenue18. BURIAL, CREMATION, OR REMOVAL SS Peter & Paul Cem. DATE Jan. 12, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Lunden & Co
2842 Meramec Street20. FILED 19 J. B. Brudick
Local Registrar

JAN 10 1939

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 193922. I HEREBY CERTIFY, that I attended, and from 1-25-39 to Jan 7, 1939

I last saw her alive on 1-7-39, 19..... Death is said to have occurred on the date stated above, at 5:25 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis (Date of onset)Other contributory causes of importance: NoneName of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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

(Signed) Joseph C. Peters M. D.(Address) 1420 90th St

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, or by.....

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

Signed Herman A Gebken

Licensed Embalmer No. 2120

P.O. Address 2842 Meramec Street
St. Louis, Mo.

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.