

REC'D MAR 13 1939

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

4420
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 or
 (c) City St. Louis (d) Street No. 6916 Bradley 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.

3
 Registration District No. 791
 Primary Registration District No. 1003 Registered No. 1113

2. PRINT FULL NAME 455 Lena Pahlmann
 (a) Residence, No. St. Louis Mo St. NR Marine Ill
 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11th 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as saw mill, bank, etc. run Home

10. Date deceased last worked at this occupation (month and year) 5 days 11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marine Illinois

FATHER 13. NAME Hennig Brondes 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Katharina May 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT G. H. Ludell (ADDRESS) Marine Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Marine Ill DATE Feb 5th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. B. Wolfow Marine Ill

20. FILED FEB 3 1939 J. D. Bradley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 29 1939 to Feb 2 1939
 I last saw him alive on Feb 2 5:20 P.M. 1939 Death is said to have occurred on the date stated above, at 5:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute cardiac dilatation
Acute articular rheumatism
 Date of onset 1/24/39

Other contributory causes of importance:
Chronic interstitial nephritis
Chronic myocarditis

Name of operation None 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....., 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? No
 If so, specify.....
 (Signed) H. G. Hennig, M. D.
 (Address) 16548 Harris Av

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, or by.....

F. B. McGraw

....., Registered Apprentice No.....

working under my personal supervision.

Signed *F. B. McGraw*

Licensed Embalmer No. *2905*

P. O. Address *Maine 211*

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.