

REC'D MAR 13 1939

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

4941
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003

(b) Township St. Louis Primary Registration District No. _____

(c) City St. Louis (d) Street No. 5904 Enright Ave Registered No. 1634
(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 H 24 Florence Lydia Schlegel

(a) Residence, No. 5904 Enright Ave St. 5 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1908

7. AGE YEARS 30 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. Graphic Dept of Chevrolet Motor Co

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

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

FATHER

13. NAME Peter Hufnagel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

MOTHER

15. MAIDEN NAME Lydia Ferleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

17. INFORMANT (ADDRESS) Julius Schlegel, 5904 Enright Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 2-21-39

19. FUNERAL DIRECTOR (ADDRESS) C.R. Keptner Son, 7233 Delmar Blvd

20. FILED FEB 20 1939 J.D. Budler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/39 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:50 A.M.

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

Cancer of Breast

Other contributory causes of importance: _____

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 _____, 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) Joseph M. Jones M.D.
(Address) Deputy Coroner

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, Clarence H. Murray, Licensed Embalmer No. 4011
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Clarence H. Murray
Licensed Embalmer No. 4011

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.)