

STANDARD CERTIFICATE OF DEATH

State File No. 24274Registrar's No. 6547

REG'D AUG 11 1939

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lena Niewald. 4303. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Louis Niewald. 6. (c) Age of husband 49 if alive _____ years7. Birth date of deceased January 13, 1890.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
49 6 11 hr. _____ min.9. Birthplace Illinois.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business at home12. Name Dont know.13. Birthplace Dont know.
(City, town, or county) (State or foreign country)14. Maiden name Dont know.15. Birthplace Dont know.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Louis Niewald.(b) Address 6321 Derby Ave.17. (a) Burial (b) Date thereof 7-27-1939.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery18. (a) Signature of funeral director Geo. L. Pleitsch Inc.(b) Address 5966-68 Easton Ave.19. (a) JUL 26 1939 (b) J.P. Bueck
(Date received local health officer's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County St. Louis
 (c) City or town Wellston. **NR**
(If outside city or town limits, write "RURAL")
 (d) Street No. 6321 Derby Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th.
 year 1939. hour 6 minute 20 P. M.21. I hereby certify that I attended the deceased from 7-17-39, 19____ to July 24, 1939;
 that I last saw her alive on 7-24-, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

EnterocolitisDue to EnterocolitisDue to Bacillary dysentery

Other conditions _____

(Include pregnancy within 5 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (s) Means of injury _____

23. Signature Chas. J. Kelly (M. D. or other) _____Address 360 S. Worthington Date signed 7/27/39

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. Falk.

3604 Washington Ave.
11th 2 July 1800

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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.