DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 14 1939 791

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31121

Primary Registration District No.

Registrar's No. 8184

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis Mo. 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1036 Emmet St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 32 years.

3. (a) PRINT FULL NAME Marie Lenhardt 563

3. (b) If veteran, name war

3. (c) Social Security No. 490-03-4820

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Lenhardt

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 22 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	29	hr. min.

9. Birthplace Hungary (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer 1

11. Industry or business St. Louis Cordage Mill

FATHER
12. Name Joseph Trendler 1
13. Birthplace Hungary (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Marie Scheibling
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theresa Boucher

(b) Address 1934 Penn St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-39 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Witt Bros. L & N Co

(b) Address 2929 S. Jefferson Av.

19. (a) SEP 23 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1939 hour 9 30 pm minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Apoplexy

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations f 2 a

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

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

23. Signature Alfred Weiss (M. D. or other)

Address Deputy Coroner Date signed 9-23-39

(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, or by Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2999 Jefferson

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

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