

Registration District No. 201

Primary Registration District No. _____

1. PLACE OF DEATH: 1003 2

(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:
1314 Sullivan Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 50 yrs.

3. (a) PRINT FULL NAME Lena Obrock 1621

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry Obrock

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 30 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Mathew Lehnen 6

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Henry C. Obrock

(b) Address X 1314 Sullivan

17. (a) Burial (b) Date thereof Oct. 5 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Quedmyer Glass

(b) Address 3934 N. 20th St.

19. (a) OCT 4 1939 (b) J. J. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1314 Sullivan
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1939 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept 10, 1939, to Oct 2nd, 1939
that I last saw him alive on Sept 2, 1939
and that death occurred on the date and how stated above.

Immediate cause of death Carcinoma of Liver Duration _____

Due to _____

Due to _____

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. J. [Signature] (M. D. or other) 1

Address 3504 N. 14th Date signed 10-4-39

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.....

Geo. P. Schubert, Registered Apprentice No.....
working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 1/2 W. Kingshighway

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.