DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34062

Registration District No. 1603 Primary Registration District No. Registrar's No. 8600

1. PLACE OF DEATH: 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: 4734 Adkins 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) In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15
(d) Street No. 4734 Adkins Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ~~40 yr~~ years.

3. (a) PRINT FULL NAME Lena Kuechler 246

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 18, 1856 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife 1

11. Industry or business 6

MOTHER FATHER

12. Name John Neuberger 6
13. Birthplace Germany 6 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Bosch
(b) Address 4444 Delor St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/39 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem

18. (a) Signature of funeral director L. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) OCT 7 1939 (Date received local registrar) (b) [illegible] (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6 year 1939 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 9/1/39, 19 to 10/6/39, 19; that I last saw her alive on 10/5/39, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic	
Due to: Senility	
Due to: —	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Martin Van Praalte (M. D. or other)
Address 4016a Chouteau Ave Date signed 10/7/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-1-39 1 X19511

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.....

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

working under my personal supervision.

Signed L. R. Draper

Licensed Embalmer No. 2633

P. O. Address 2317 Lafayette

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.