

13508

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

3710

MAY 15 1940  
Registration District No. 791

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

- (a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri Baptist Hospital  
 (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)

3. (a) PRINT FULL NAME: Lena Skourup 6103. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife AMOS 6. (c) Age of husband or wife if alive 76 years  
January 12, 1878  
 7. Birth date of deceased January 12, 1878  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace France 7  
(City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business 712. Name ? Schoeller18. Birthplace France 6  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature: Madelina Walden(b) Address 6341 Woodland Blvd17. (a) Burial (b) Date thereof 11/25/110  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director Edith E. Ambruster(b) Address 4234 Manchester19. (a) APR 24 1940 J. F. Burk  
(Date received by registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 7  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6341 Woodland  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1940 hour 5:30 minute AM M. \_\_\_\_\_21. I hereby certify that I attended the deceased from Oct  
1939, to April 22, 1940  
that I last saw 2 alive on Apr. 22, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Interstitial Nephritis 6 Mon  
DurationDue to Probable sepsis which followed a diabetic foot gangrene (2 yrs)  
also had a Chromomyocarditis (3 Mon)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? \_\_\_\_\_

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

23. Signature Wm. H. Vogler (M. D. or other) \_\_\_\_\_Address 4234 W. Florsant Date signed 4/23

(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. 5-17-39  
U. S. G. P. 16-10951

4244 W. Flannery and  
100-100-100

---

---

**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.....

.....  
Licensed Embalmer No. 1284

P. O. Address St. Louis Mo.

**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.**