

SEP 25 1940  
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's 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: Christain 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

8. (a) PRINT FULL NAME Lena Hottensen

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Hottensen 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Sept 3 1906  
(Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Andrew Straub

13. Birthplace St. Louis Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Nicholas

15. Birthplace St. Louis Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur W. Hottensen

(b) Address 4918 Rosalie, St. Louis, Mo

17. (a) Burial (b) Date thereof 8/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL'S LUTHERAN

18. (c) Signature of funeral director Louis N Bopp

(b) Address Kirkwood Mo

19. (a) AUG 4 1940 (b) J. F. Thedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4918 Rosalie  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2  
year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-31-40  
\_\_\_\_\_, 19\_\_\_\_, to 8-2-40, 19\_\_\_\_;

that I last saw her alive on 8-2-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Agamulocytic anaemia

Duration

7-31-40

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Hottensen (M, D. or other) M.D.

Address 5074 N. Union Date signed 8-3-40

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.....

*Louis H Bopp*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *Louis H Bopp*

Licensed Embalmer No. *92*

P. O. Address *Kirkwood*

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

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