

S. No. 2
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5-17-39
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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26958

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6854

1. PLACE OF DEATH:

(a) County St. Louis MO

(b) City or town St. Louis MO

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 yrs. 5 mo 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 13

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

(d) Street No. 4948 Chalona
5800 Arsenal St (If rural, give location)

(e) If foreign born, how long in U. S. A. 24 years.

3. (a) PRINT FULL NAME Minnie Lodge

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1940 hour 2 minute 00 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. Harry Lodge

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

7. Birth date of deceased Mar. 4 1872
(Month) (Day) (Year)

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

8. AGE: Years 68 Months 5 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Septicemia, suppurative osteomyelitis of vertebrae of neck of right femur. When she fell on and fell at City Sanitarium
Due to May 5 1940

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Bastian

13. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scher

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

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.

16. (a) Informant L. Beggendorf

(b) Address 2300 Arsenal

17. (a) Buried (b) Date thereof Aug 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Walter Kefderle

(b) Address 2331 So. Broadway

19. (a) AUG 13 1940 (b) J. B. Bottoms
(Date received by local registrar) (Signature of registrar)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5/20/40

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place? Public Place

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Walter Kefderle (M. D. or other)
Address Deputy Coroner Date signed 8/13/40

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

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 Frank J. Myland

Licensed Embalmer No. 9645

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.