

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community Life
years, months or days)

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

4. Sex F 5. Color or race " 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Joseph C. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 20, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>--</u>	<u>14</u>	<u>hr. min.</u>

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business 9

12. Name Adolph Alby 7

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

14. Maiden name Unknown

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

16. (a) Informant Michael Steele

(b) Address 6173 Sherry Ave

17. (a) Burial (b) Date thereof 9/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) SEP 5 1940 (b) [Signature]
(Date received local registrar) (Licensed Embalmer's Statement on Reverse Side)

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. 6173 Sherry Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.?.....years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4,
year 1940 hour 9:11 minute A. M.

21. I hereby certify that I attended the deceased from September
2, 1940, to September 4, 1940;
that I last saw her alive on September 4, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Infectious & obstructive from adhesions
of pericardium.
Due to arteriosclerosis.

Due to Coronary & congestive.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 48

Of autopsy as above.

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) Manner of injury 1

23. Signature James T. Murphy (M. D. or other) 1
Address 1518 Lafayette Avenue Date signed 9/4/40

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

RECEIVED OCT 2 1940

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. Cooper

Licensed Embalmer No.....

3633

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, fact should be so stated above.