

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9108

State File No.

Registration District No. 741

Primary Registration District No. 1003

Registrar's No. 2518

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

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:
BARNES HOSPITAL
(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 16 days

3. (a) PRINT FULL NAME Mary Louise Lemen

3. (b) If veteran, name war.....

3. (c) Social Security No.....

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

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

7. Birth date of deceased Dec 26th-1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>21</u> hr. min.

9. Birthplace St Clair County, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 3 Yrs.

11. Industry or business School Teacher (Grade)

12. Name Clarence Lemen

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

14. Maiden name Sarah Smith

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

16. (a) Informant Mary Morris

(b) Address Collinsville, Ills.

17. (a) removal (b) Date thereof Mar 20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville Ills.

18. (a) Signature of funeral director Geo M. Schaeppel
Collinsville, Ills.

(b) Address Collinsville, Ills.

19. (a) MAR 20 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Collinsville
(If outside city or town limits, write "RURAL") KIR/0

(d) Street No. 601 Summitt Ave.
(If rural, give location) 2

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 3, 1941, to March 19, 1941; that I last saw her alive on March 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Arterio-sclerotic

Due to Cardiovascular disease

Other conditions Uremia, bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: caused by arterio-sclerotic cardiovascular disease

Of autopsy 93d

Duration

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 0

23. Signature H. R. Bernier, M.D. (M. D. or other).....
Address BARNES HOSPITAL Date signed.....

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Geo M. Schweppel

Licensed Embalmer No.

1598

P. O. Address

Ballinsville

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.