

No. 2
1-4-41
-17-39
X26390

791

5165

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County..... ST. LOUIS
(b) City or town.....
(c) Name of hospital or institution:
4948 ST. LOUIS MO 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 50 YEARS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME LENA CARLEN

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 WIDOW

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

7. Birth date of deceased SEPT. 11 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 12 hr. min.

9. Birthplace MOBILE ALABAMA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.....

MOTHER FATHER { 12. Name HENRY ROBERTSON
13. Birthplace DENMARK
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE WYMAN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JAMES EAGAN
(b) Address 4948 ST. LOUIS AVE

17. (a) BURIAL (b) Date thereof 6-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 CANDELL BLVD.

19. (a) JUN 24 1941 (b) J. T. Bredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County..... 000
(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4948 ST. LOUIS AVE.
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
year 1940 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 10-1941
19 41 to June 23 19 41
that I last saw him alive on June 22 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditation Duration
Due to myocardial block, arteriosclerosis, senility, thrombosis left femoral.
Due to.....

Other conditions General Hemip.
(Include pregnancy within 3 months of death)

Major findings: Of operations as above. PHYSICIAN
Of autopsy as above.
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) no
(b) Date of occurrence June 23 -
(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 William T. Deas (M. D. or other)
Address 957 N. Kingshighway Date signed June 23 41

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

182 00 m
4577 71 Thompson
2-5

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.