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**FILED AUG 28 1941**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution:  
**Cor. Penrose & Prairie Ave.**

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community **about 15 years 3** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_

(c) City or town **St. Louis**

(d) Street No. **5821 Clemens Ave.**

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lena G. Fornoff**

3. (b) If veteran, name war **no**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**  
year **1941** hour **4:55** minute **P.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louis G. Fornoff**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **March 28, 1907**

8. AGE: Years **34** Months **3** Days **1**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death. **Fractured Skull and Subdural hemorrhage of the brain;** when the automobile in which she was due to a passenger and being driven by one Louis Fornoff, was struck by a Due to truck driven by one, Walter Hoffma causing it to overturn and the deceas- Other conditions **ed to fall out of said auto-**

9. Birthplace **Near Steelville, Illinois**

10. Usual occupation **at home**

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

MOTHER FATHER { 12. Name **Henry Hapke**

13. Birthplace **Ruma, Illinois**

14. Maiden name **Mary Slemme**

15. Birthplace **Ruma, Illinois**

16. (a) Informant **Lena G. Fornoff**

(b) Address **5821 Clemens Ave.**

17. (a) **burial** (b) Date thereof **7/2/41**

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Alexander Sons, Inc.**

(b) Address **6175 Deimar Blvd., St. Louis.**

19. (a) **JUL 1 1941** (b) **H. Prudek**

mobile, at the intersection of **Penrose & Prairie Ave.** about **3:40 P.M., June 29, 1941**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **2103**

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

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

(b) Date of occurrence **June 29, 1941**

(c) Where did injury occur? **St. Louis, Mo.**

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

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

23. Signature **Mrs. J. Callahan** (Mr. D. or other) \_\_\_\_\_

Address **Deputy Coroner** Date signed **7/1/41**

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

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**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.....

*Jos. E. McCulloh*

Licensed Embalmer No. *2460*

P. O. Address..... *6175 Delmar*

**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, fact should be so stated above.**