S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 434

Registrar's No. 958

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5235 Page Blvd. 1
(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 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 6

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

(d) Street No. 5235 Page Blvd. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years years.

3. (a) PRINT FULL NAME Lena Johanning

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 8, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	9	22	hr. min.

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

10. Usual occupation Nihel

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 4 (State or foreign country)

16. (a) Informant

(b) Address 5235 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1. 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Bassett-Nichols

(b) Address 1431 Union Blvd.

19. (a) JAN 30 1942 (Date received by local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from July 1, 1937, to Jan 30, 1942 that I last saw him alive on Jan 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 yrs +
Due to Arteriosclerosis	16 yrs
Due to Chronic nephritis	15?

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.

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

23. Signature O. F. Johnson M.D. (M. D. or other)

Address 2435 N. Grand Date signed 1-30-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.