

FILED APR 8 1942

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 2406

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

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:  
2720 So. Jefferson Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Unknown (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME George W. Lengfelder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 12 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 6 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

MOTHER FATHER { 12. Name George Lengfelder

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

14. Maiden name Margaret Wagner

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

16. (a) Informant Elizabeth Lengfelder

(b) Address 2720-B So. Jefferson Ave.

17. (a) Burial (b) Date thereof 3/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Heldner

(b) Address 3634 Gravois Ave.

19. (a) MAR 17 1942 (b) J. F. Prudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23  
000  
17  
9

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

(d) Street No. 2720 So. Jefferson Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1942 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 22 1936 to March 14 1942  
that I last saw him alive on March 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Atherosclerosis

Due to Hypertrophy of Prostate

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature C. E. Moller (M. D. or other) \_\_\_\_\_

Address 3537 S. Jefferson Date Mar 16/42

**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

*Robert C. Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St. Louis, Mo.*

**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.**