S. No. 2
—1-4-41
5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16392

FILED MAY 28 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4247

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:
4455 Labadie Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 11

(c) City or town St. Louis 10 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4455 Labadie Ave.
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LENA MacGREGOR

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife Albert Mac Gregor

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

7. Birth date of deceased July (Month) 27, (Day) 1860 (Year)

8. AGE: Years 81 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Pilot, Knob, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Selma Ritchie
(b) Address 4455 Labadie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1942. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge.

19. (a) MAY 14 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th, year 1942 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1941 to May 12th 1942 that I last saw her alive on May 12th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Coronary occlusion

Due to 93

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. F. Stricker (M. D. or other)
Address 2901 N. Newstead Date signed 5/13/42

844 (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 John A. Mlinar, Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.