

FILED NOV 23 1942 **318**

Registration District No. **318**

Primary Registration District No. **11003**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... No. 2 Days
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 100
17

(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No..... 4243 RUSSELL
(If rural, give location)

(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Eugene Victor Lenhardt

3. (b) If veteran, name war..... NONE

3. (c) Social Security No..... 494-05-3685

20. DATE OF DEATH: Month November day..... 10,
year..... 1942 hour..... 6:30 minute..... P.

21. I hereby certify that I attended the deceased from..... October
8, 1942, to..... November 10, 1942;
that I last saw him alive on..... November 10, 1942;
and that death occurred on the date and hour stated above.

4. Sex..... MALE 5. Color or race..... WHITE

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

6. (b) Name of husband or wife..... VIOLA LENHARDT

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

7. Birth date of deceased..... JUNE 1901
(Month) (Day) (Year)

Immediate cause of death..... Exposure to cold

Due to..... Unknown

Due to..... 8-12-42

Other conditions..... 1-2
(Include pregnancy within 3 months of death)

8. AGE: Years..... 41 Months..... 5 Days..... 5
If less than one day..... hr..... min.....

9. Birthplace..... ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation..... CARPENTER

11. Industry or business.....

12. Name..... WILLIAM LENHARDT

13. Birthplace..... ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name..... U.N. KNOWN

15. Birthplace..... U.N. KNOWN
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy..... No

16. (a) Informant..... Mrs. Viola Lenhardt
(b) Address..... 4243 Russell Blvd.

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?.....

17. (a) CREMATION (b) Date thereof..... 11-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... MISSOURI CREMATORY

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

18. (a) Signature of funeral director..... Southern Funeral Home
(b) Address..... 6322 So GRAND Blvd.

19. (a) NOV 12 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature..... B. S. [unclear] D. or other.....
Address..... 1515 Lafayette Avenue, Date signed..... 11/12/42

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

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..... *Vingil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
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.