

FILED FEB 2 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 756

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LITTLE SISTERS OF THE POOR * 3225 FLORISSANT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 YEARS 2 MONTHS
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. FLORISSANT AVE.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LENA INDEN

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV. 15, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 9
If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business JOHN INDEN

MOTHER FATHER { 12. Name DONT KNOW
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name BARBARA HOCHBERG
15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant SISTER WINIFRED
(b) Address 3225 NO. FLORISSANT AVE.

17. (a) BURIAL (b) Date thereof 1-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 26 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 24 year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 17 1943 to Jan 24 1943 that I last saw her alive on Jan 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to None

Due to None

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

Duration P. 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) (b) Mode of injury
23. Signature Bernard H. White (M. D. or other) Address 2307 Salisbury St. Date signed Jan 24 1943

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

Dr. B. H. F. L. H.
1300 S. ...
3 ...

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address: 4340 Lafayette

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.