V. S. No. 2
DM—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 104

11469

State File No. 0

Registrar's No. 604

96
6
2

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Ferguson Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96 6

(c) City or town Ferguson Mo 2
(If outside city, or town limits, write "RURAL")

(d) Street No. #5 - Claremont Drive
(If rural, give location)

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

If yes, name country Rega - Russia 0

3. (a) PRINT FULL NAME LENA MACKLIN

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 Widowed 2

6. (b) Name of husband or wife Late - BENJAMIN MACKLIN

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

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

8. AGE:	Years	Months	Days	If less than one day
About	71			hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation HOUSE - WORK.

11. Industry or business

FATHER
12. Name LOUIS - LOAFER.
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Pearl - ZAGER.
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Mrs. Rose - Daniels -
(b) Address Box 665 - Route 10 Ferguson Mo

17. (a) Burial - (Burial, cremation, or removal) (b) Date thereof Mar-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oxenhandler E.L.
(b) Address 4469 Washington Blvd.

19. (a) MAR 16 1943 (Date received local registrar) (b) E. D. McGauran (Registrar's signature) 613

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1943 hour minute 1-40 A.M.

21. I hereby certify that I attended the deceased from 3-6-1942 to 3-11-1943
that I last saw her alive on 3-11-1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocarditis	1938
Chr Nephritis	1935
Due to	
Due to Arteriosclerosis	1930
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 3/12/43

(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 W. B. Penhandler

Licensed Embalmer No. 3669

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.