

MAY 22 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1166

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution, 2 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6155 Etzel Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lena Juedeman

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 Feb. 21 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	2	24	hr. min.

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

10. Usual occupation seamstress

11. Industry or business _____

12. Name Fred Juedeman

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

14. Maiden name Lena Hengstenberg

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

16. (a) Informant Mrs Anna Streecher

(b) Address 6800 St. Louis ave

17. (a) Burial (b) Date thereof 5-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Safe Charles Cemetery

18. (a) Signature of funeral director Geo. D. Pleitch

(b) Address 2266 Easton Ave.

19. (a) 5-17-43 (b) C. J. McLawren M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15
year 1943 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from 5-13-43
1943 to 5-15-43 1943

that I last saw her alive on 5-15-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetic acidosis Duration 5 DAYS

Uremia 5 DAYS

Due to Diabetes mellitus 7 YRS.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy no autopsy

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)

(e) Means of injury _____

23. Signature Robert A. Hall (M. D. or other) M.D.

Address ST. LOUIS COUNTY HOSP. Date signed 5-17-43

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

MOTHER FATHER

JUN 3 1943

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..... *David C Gibson*

Licensed Embalmer No..... *3454*

P. O. Address..... *8766 Eastern Ave*

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.