S. No. 2
DM—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23314

State File No.

FILED JUL 17 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 619

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County
(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1518 North Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lena Neagle.
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14th, (Day) 1872. (Year)
8. AGE: Years 71 Months 2 Days 21 If less than one day hr. min.
9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Christian Keune
FATHER 13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Marie Heddler
MOTHER 15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Augusta Fuerstnow
(b) Address 5452 Milentz.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery.
18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.
19. (a) (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July. day 5th year 1943. hour 8:55 minute A. M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Sclerosis, Arteriosclerosis. Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of 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 3
23. Signature Alfred G. Perry (M. D. or other)
Address Date signed 7/8/43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Juddie G. Gregenhein

Licensed Embalmer No. 2170

P. O. Address Box 09 Gravois

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.