

FILED MAR 20 1944 318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

2341

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3002 Kosuth
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3002 Kosuth
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lena Eilerich

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

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife Frank (deceased)
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 17 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Housework at home

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Bruening
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Eilerich
 (b) Address 30021 Kosuth
 17. (a) Burial (b) Date thereof Mar. 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Richard J. Brueckner
 (b) Address 1936 St. Louis Ave
 19. (a) MAR 10 1944 (b) J. F. Brueckner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
 year 1944 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb. 22-44
 1944 to March 9 1944
 that I last saw him alive on March 5 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Bronchitis

Due to Chronic Bronchial Catharsis 3 years

Due to _____

Other conditions Arterio Sclerosis 4 years
(Include pregnancy within 3 months of death)

Major findings: 106
 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 _____

23. Signature J. W. McDonald (M. D. or other) _____
 Address 639 N. Grand Date signed 3-9-44

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 *Felix J. Krupin*

Licensed Embalmer No. *349*

P. O. Address *1936 St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.