

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 9 days
In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cosage
(c) City or town Rural
(d) Street No. Frankenstein
(e) Citizen of foreign country? 1

3. (a) PRINT FULL NAME Lena Thoenen

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

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Thoenen 6. (c) Age of husband or wife if alive 67 years
Birth date of deceased 3-24-1886

8. AGE: Years 59 Months 7 Days 23 hr. _____ min. _____

9. Birthplace Frankenstein - Mo

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER
12. Name Arnold Lock
13. Birthplace Unknown
14. Maiden name Agnes Schaeffer
15. Birthplace Good Creek Mo

16. (a) Informant John Thoenen
(b) Address Frankenstein Mo

17. (a) Burial (b) Date thereof 1-19-45
(c) Place: burial or cremation Frankenstein

18. (a) Signature of funeral director Clyde Norton
(b) Address Lincoln Mo

19. (a) 1-18-45 (b) Theresa Richter

20. DATE OF DEATH: Month Jan day 17 year 1945 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from Jan 8 1945 to Jan 17 1945
that I last saw her alive on Jan 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coma
Due to Hydronephrosis Right Kidney; acute Nephritis Left Kidney
Other conditions arricular flutter
Major findings: Myocardial Degeneration
Of operations _____
Of autopsy Yes
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? _____
(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 MI
23. Signature J. A. Osman (M. D. or other) _____
Address Jefferson City Date signed 1-17-45

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

6
5
4

294

RECEIVED

District Health Officer No. 91

District File Number.....

Date Filed 1-23-45

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.....

Mr. Jones
working under my personal supervision.

....., Registered Apprentice No. 373

Signed *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address *Jefferson City Mo.*

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.