V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38425

Registration District No. 17 — Primary Registration District No. 3069 — Registrar's No. 2668

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Richmond Heights (If outside city or town limits, write "RURAL" and name of township) 3
(c) Name of hospital or institution: Pronounced dead at St. Marys Hospital (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: non-resident

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 3738 Hydraulic Ave. (If rural, give location) 9
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Lena Biel.
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: Widow
6. (b) Name of husband or wife: Charles C.
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb. (Month) 7 (Day) 1873 (Year)
8. AGE: Years 72 | Months 9 | Days 14 | If less than one day ..... hr. ..... min.
9. Birthplace: Craig (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: .....
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) a (State or foreign country)
16. (a) Informant: Helen Biel
(b) Address: 3738 Hydraulic Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 24, 45 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus
18. (a) Signature of funeral director: Wacker Helderle
(b) Address: 3634 Gravois Ave.
19. (a) 11-24-45 (Date received local registrar) (b) E. J. McDonnan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st. year 1945 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from May 7-1945, 19..., to Nov 21, 19 W, that I last saw her alive on Nov 21, 19 W, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hrs
Due to arteriosclerosis	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: D. M. Freund (M. D. or other)
Address: 3115 S. Grand Date signed: 11/23/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1946

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.....

Licensed Embalmer No.....

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.