

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 3 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5542

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(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

3. (a) PRINT FULL NAME ELIZABETH LENEHAN
Elizabeth Lenehan

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: MAR 4 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 17
If less than one day

9. Birthplace St. Louis Mo. M
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name LENEHAN

{ 13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARY CANNON

{ 15. Birthplace CANADA 2
(City, town, or county) (State or foreign country)

16. (a) Informant Harriet M. Niderman

(b) Address 3332 N. Lowell

17. (a) BURIAL St. Ann's June 21 1946
(Burial, cremation, or removal) (Date thereof) (City, town, or county)

(c) Place: burial or cremation CATHYRY

18. (a) Signature of funeral director C. J. Kelly

(b) Address 4286 Lindell

19. (a) JUL 27 1946 J. F. Bredek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. IMMACULATE HEART CONVENT
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from May 30
1946 to June 21 1946
that I last saw her alive on June 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 a home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of occupation)

23. Signature R. L. [Signature] (M. D. or D. O.) _____

Address 1515 Lafayette Avenue Date signed 6/21/46

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.....

James A. Lammert

Licensed Embalmer No. *4142*

P. O. Address.....

St. Louis

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.