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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35619

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9327

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: 0
Deaconess 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 42 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. Evangelical Deaconess Home 6150 Oakland Ave. 49
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Lena Carolina Soehlig
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 November 22, 1883 (Month) (Day) (Year)
8. AGE: Years 62 Months 11 Days 8 If less than one day hr. min.
9. Birthplace Jackson, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Nurse
11. Industry or business Hospital

MOTHER FATHER
12. Name Frederick Soehlig
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Johanna Sperling
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rev. Paul R. Zwilling
(b) Address 6150 Oakland Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1946. (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Missouri.
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.
19. (a) OCT 31 1946 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th year 1946 hour 3:25 minute P. M.
21. I hereby certify that I attended the deceased from February, 1944 to 30 Oct, 1946 that I last saw her alive on 30 Oct 1946 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pigmentation cirrhosis
Due to Hemachromatosis
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 0
23. Signature G. R. Shiffler (M. D.)
Address 634 N. Grand Blvd. Date signed 31 Oct 1946

(Licensed Embalmer's Statement on Reverse Side)

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

34441

JUN 10 1947

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.