

FILED NOV 25 1946

Primary Registration District No. **1003**

PI X29484

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

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:
Residence: 5223 Kensington
(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. **Missouri** (b) County.....
(c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL") **12/7**
(d) Street No. **5223 Kensington Ave.**
(If rural, give location) **4/10**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LENA S. HEROLD.**

3. (b) If veteran, name war..... **none**
3. (c) Social Security No. **none**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Hilmar Herold**
6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **February 2 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 11 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

12. Name **Adolph Steimel**
13. Birthplace **Baden Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Maria Brandt**
15. Birthplace **Whittenberg Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Hilmar Herold**
(b) Address **5223 Kensington Ave., St. Louis,**

17. (a) **burial** (b) Date thereof **11-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons**
(b) Address **7233 Delmar Blvd., St. Louis, Mo.**

19. (a) **NOV 15 1946** (b) **J. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13**
year **1946** hour **12:05** minute **A. M.**

21. I hereby certify that I attended the deceased from **Nov 13**, 19**46**
to **NOV 13**, 19**46**
that I last saw h. alive on **NOV 13**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL HEMORRHAGE** **12A**

Due to **CHRONIC ARTERIO SCLEROSIS**

Other conditions (include pregnancy within 3 months of death)
gpa

Major findings:
Of operations.....
Of autopsy.....

Duration
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 **Orville Obert** (M. D. or other) **MD**
Address **1194 Holt Avenue** Date signed **11-13-46**

Dr. Neville O. White
1194 North Main
CA 8755

9752

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 Clarence A Murray
Licensed Embalmer No. 4011
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.