No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947 318

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003 1003

State File No. 22186

Registrar's No. 6930

WRITE PLAINLY—USING 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 2805 a Salena St
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 24 2805 a Salena St 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lena Duscher

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John Duscher

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. 7 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	21	hr. min.

9. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Richter 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John T. Duscher
(b) Address 2805 a Salena St.

17. (a) Burial (b) Date thereof 7-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur Pk

18. (a) Signature of funeral director Witt Brook & Co
(b) Address 2929 S. Jefferson Av.

19. (a) JUL 30 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from Mar 1/47, 19, to June 28, 1947 that I last saw her alive on June 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurg of Heart

Due to Arterio Sclerosis

Due to Senile Debility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)
While at work? Means of injury

23. Signature [signature] (M. D. or other) MD
Address 3014 S Jefferson Date signed June 28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Davis ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2107

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.