

No. 2
-1/47
-17-39

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller's Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
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. 4985 Quincy St. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME IRENE LENGERER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug. 28 1890
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>57</u> | <u>2</u> | <u>2</u> | hr. min. |

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER
12. Name Adam Ludwig
13. Birthplace Ill.
14. Maiden name Anna Rumph
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Lengerer
(b) Address 4985 Quincy St.
17. (a) Burial (b) Date thereof 11-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 10-31-47 (b) Bealaz Shumko
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1947 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from March-1-47
....., 19..... to Oct 30, 19.....
that I last saw him alive on Oct 29, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left lobe with metastasis thru out entire Body
Due to Cancer
Duration

Other conditions.....
(Include prevalence within 3 months of death)

Major findings:
Site of operations.....
Of autopsy.....

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?..... (Specify type of place)
While at work?..... (Specify type of place) (e) Means of injury MD
23. Signature W. Waters MD (M. D. or other) MD
Address 3608 S. Grand Date signed 10/30/47

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

3600 pp. Grand

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 *Edwin A. M. Bennett*

Licensed Embalmer No. *3024*

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.