. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39652

FILED NOV 28 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10191

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: Bethesda Hospital
(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

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

(d) Street No. 7129 S. Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lena Fohrell

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 December (Month) 1 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	11	hr. min.

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

10. Usual occupation Retired milliner

11. Industry or business

FATHER
12. Name Anton Fohrell
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Kampeter
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss. Sophia Fohrell
(b) Address 7129 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter-Paul

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) NOV 14 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1947 hour 11.35 minute P. M.

21. I hereby certify that I attended the deceased from Mg 1, 1947, to Nov 12, 1947
that I last saw her alive on Nov 12, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of rectum (Sigmoid)	10 mo
Due to	
Due to	
Other conditions: Chr Myocarditis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations None
Of autopsy None

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? (e) Means of injury

23. Signature Max Stratloff (M. D. or other) MD
Address 512 Dorr Pl. Date signed 11/14/47

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 George N. Archambault Registered Apprentice No. XXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.