No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40424

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2415

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ½ hr. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6850 Melrose Ave. 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Lena Jennewein
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 3, 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months Days 16 If less than one day hr. min.

9. Birthplace St. Louis, County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name Christ Grateke 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Herman Jennewein
(b) Address 3915 Dover Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.
19. (a) 11-24-47 (Date received local registrar) (b) Lena A Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19 year 1947 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 8/1 1945 to 11/19 1947 that I last saw her alive on 11/19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio Renal disease

Due to Senility 1310

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? None (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? None (e) Means of injury

23. Signature Peter Reilly (M. D. or other) MD
Address 6125 Barlow Date signed 11/19/47

City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 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 Francis Williamson

Licensed Embalmer No. 3565

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.