No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2312

Primary Registration District No. 1003

Registrar's No. 280

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4722 Vienna Ave.,
(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")

(d) Street No. 4722 Vienna Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LENORA L. BRELL.

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 Widowed.

6. (b) Name of husband or wife Robert Brell. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased July (Month) 9, (Day) 1872. (Year)

8. AGE: Years	Months	Days	If less than one day
75.	5.	29.	hr. min.

9. Birthplace Booneville, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Practical Nurse.

11. Industry or business

FATHER 12. Name George Meller.

13. Birthplace (City, town, or county) Germany. (State or foreign country)

MOTHER 14. Maiden name Augusta Schiller.

15. Birthplace (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mrs Clara B. Hamma.

(b) Address 4722 Vienna Ave.,

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 1/10/48. (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Bly'd.,

19. (a) JAN 10 1948 (Date received by registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month January day 8th, year 1948 hour 2 minute 10 P. M.

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

	Duration
Immediate cause of death Coronary Thrombosis	1
Due to	5
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 1/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

City Coroner.

280

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood

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.