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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2787
Registrar's No. 285

FILED JAN 22 1948
Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 1303a Warren Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) 42 years
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: (If outside city or town limits, write "RURAL") St. Louis
(d) Street No.: 1303a Warren St. (If rural, give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Lena Loretta
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: late William R. Loretta
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 13th, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	26	hr. min.

9. Birthplace: New Mexico USA (City, town, or county) (State or foreign country)
10. Usual occupation: housework
11. Industry or business:
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name: unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Rose Murphy
(b) Address: 1303a Warren St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave
19. (a) JAN 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan 9th day: year: 1948 hour: 8 AM minute: 30 A.M.
21. I hereby certify that I attended the deceased from: Oct 1946 to: Jan 9th 1948
that I last saw her alive on: Jan 7th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia — Duration: 3 days
Terminal Pneumonia
Due to: Hemiplegia —
Cerebral Arteriosclerosis
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: No operation
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: R. A. Spivey (M. D.)
Address: 3720 Washington Date signed: 1/9/48

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

Signed John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis 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.