FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21082

Registrar's No. 5203

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: DeLodge Hosp. O
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4230 Easton Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John F. Lenoir

3. (b) If veteran, name war none

3. (c) Social Security No. 493-05-4877

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Eulos Lenoir

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar. 16, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	2	19	hr. min.

9. Birthplace Nashville Tenn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet metal worker

11. Industry or business

FATHER
12. Name John W. Lenoir
13. Birthplace Nashville Tenn. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Callie M. Hight
15. Birthplace Smyrna Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Stephens
(b) Address 4730 Easton Ave.

17. (a) Burial (b) Date thereof June 8, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natl. Bridge

19. (a) JUN 7 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from February, 1948, to 5 June, 1948
that I last saw him alive on 5 June, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Meningitis, tuberculous	1 wk
Due to: Tuberculosis of lumbar spine	wks.
Due to:	
Other conditions (Include pregnancy within 3 months of death) 16	

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 Raymond T. Martin (M. D. or other) Mrs.
Address 5203 Chippewa Date signed 5-7-48

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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address Jones, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.