

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24096

6797

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. Louis
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ANTHONY 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)

3. (a) PRINT FULL NAME LENA BELCHER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FE / 5. Color or race W.
6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife JASPER BELCHER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. 22 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 5 10 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER,
OWN

11. Industry or business

12. Name Johan LINDNER 4

13. Birthplace GERMANY 1
(City, town, or county) (State or foreign country)

14. Maiden name DORA WAGNER 1
(City, town, or county) (State or foreign country)

15. Birthplace GERMANY 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Jasper Belcher

(b) Address 2919 Cherokee St

17. (a) BURIAL (b) Date thereof: AUG 4 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHLEHEM, Cem.

18. (a) Signature of funeral director E. J. Dehnur

(b) Address 3125 Lafayette Ave

19. (a) AUG 2 - 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2919 CHEROKEE ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1948 hour 12 minute 45 pm.

21. I hereby certify that I attended the deceased from July 27, 1948, to Aug 17, 1948
that I last saw her alive on August 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Myocarditis, Chronic
Due to arteriosclerosis
Due to 9/2

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Autopsy
Chronic Myocarditis
Pulmonary Infection R. Lf
Hydrothorax - Fibrous
pericarditis

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?

While at work? (Specify type of place) (c) Means of injury.
23. Signature Robert P. Warner (M. Do or other)
Address Paul Brown Bldg Date Aug 2 - 48

(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.....

Joel B. Vollmer

Licensed Embalmer No.....

P. O. Address.....

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

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