FEDERAL SECURITY AGENCY
National Office of Vital Statistics

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Registration District No.

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34210

Registrar's No. 9212

**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: Little Sisters of The Poor (If not in hospital or institution, write street number and location) 3225 N. Florissant

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo. (b) County: same

(c) City or town: 3225 N. Florissant Ave. (If outside city or town limits, write "RURAL")

(d) Street No.: St. Louis (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Lena Hamburg

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Lewis Hamburg

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

7. Birth date of deceased: Nov. (Month) 29 (Day) 1859 (Year)

8. AGE: Years 88 Months 10 Days 24 If less than one day hr. min.

9. Birthplace: East St. Louis (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Ignatius Fritz

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

MOTHER 14. Maiden name: Florence Bender

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

16. (a) Informant: Cora Dolan

(b) Address: 4326 Forest Park Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/27/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Stroot Carroll

(b) Address: 4600 Natl. Bridge Ave.

19. (a) OCT 25 1948 (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 23 year 1948 hour 8 minute 05 p.m.

21. I hereby certify that I attended the deceased from Oct. 14, 1948, to Oct. 22, 1948; that I last saw her alive on Oct. 22, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial failure, Bronchopneumonia | 24 hrs. |
| Due to: shock from accident | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): fracture, right femur | 9 days |
| 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): Accident

(b) Date of occurrence: Oct 14, 1948

(c) Where did injury occur: Little Sisters of the Poor (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See Above (Specify type of place)

While at work? No (e) Means of injury: Fall

23. Signature: John Forte (M. D. or other)

Address: 4703 Carter Ave. St. Louis Date signed: 10-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Back Side) JOHN J. FORTE 4703 CARTER

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

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 St. Louis, 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.