

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35669
Registrar's No. 2660

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VALLEY PARK
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION MOLL NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4619
d. STREET ADDRESS (If rural, give location) 511 ALMA AVE

3. NAME OF DECEASED
a. (First) LENA b. (Middle) LINDHORST c. (Last) _____
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
NOV-1-1950

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH FEB-7-1863

9. AGE (in years last birthday) Months Days Hours Mins. 87

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) ALBERSWEILER GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRED HASSELWADER

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHERINE L BUSCH

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs
5 yrs
334X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 25 Oct, 1950, to 1 Nov, 1950, that I last saw the deceased alive on 1 Nov, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) [Signature]

23b. ADDRESS 2430 Jefferson

23c. DATE SIGNED 8 Nov 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE NOV-4-1950

24c. NAME OF CEMETERY OR CREMATORY OAK HILL

24d. LOCATION (City, town, or county) (State) KIRKWOOD - MO

DATE REC'D BY LOCAL REG. 11-3-50

REGISTRAR'S SIGNATURE Herbert R. Donke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.P. Parker - Aldrich Funeral Home

RWR (Licensed Embalmer's Statement on Reverse Side) CG Aldrich

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Leslie Welch

Licensed Embalmer No. *4395*

P.O. Address *Walter Groves*

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.