

Health, Welfare, Public Service

300-56

See entry for symptoms which were related to natural causes. Coroner cannot certify to a death due to natural causes. If death is due to natural causes, Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3306
STATE FILE NUMBER

FILED JAN 13 1958

318

1003

Registration District No. Primary Registration District No. Registrar's No. 30

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Altenheim Length of stay in 1b		STREET ADDRESS 1519 5408 S Bdway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Lena Mehlen First Middle Last			4. DATE OF DEATH Jan. 2 1958 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/30/1871
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo
13. FATHER'S NAME John Pickard		14. MOTHER'S MAIDEN NAME Frances Bosch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Helen Hoerr 5408 S Bdway Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinoma of abdomen DUE TO (b) Carcinoma of stomach DUE TO (c) 151X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) arteriosclerosis heart disease 4 yrs 6 months			INTERVAL BETWEEN ONSET AND DEATH 3 Mo 2 days 6 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis COUNTY STATE Mo	
21. I attended the deceased from June 20 1952 to Jan 2 1958 and last saw her alive on Jan 2 1958 Death occurred at 7:05 PM m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Max Starbuck MD (Degree or title)		22b. ADDRESS 512 Owen Place	22c. DATE SIGNED 1/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/4/58	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd. ADDRESS		25. DATE REC'D. BY LOCAL REG. JAN 3 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD

MB

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.....
Signature of Student Embalmer

Signed *Hadley F. Speller Jr*
Licensed Embalmer No. *495*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.