

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36316
Do not use this space.

NOV 15 1937
1. PLACE OF DEATH
(a) County St. Louis Mo. Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City..... (d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Lena Amelong
(a) Residence, No. Garfield Av. Kinloch, Mo. St. RP (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Amelong
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 0 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Gus Mayer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Julia Brunner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Harry Amelong
(ADDRESS) Kinloch, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Florissant, Mo. DATE Oct. 26, 1937

19. FUNERAL DIRECTOR Sullivan Bros. Und. Co
(ADDRESS) 7229 Nat'l Bridge Ave

20. FILED J. Bricker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937, to Oct 23, 1937.
I last saw her alive on Oct 23, 1937. Death is said to have occurred on the date stated above, at 12:07 p.m.
The principal cause of death and related causes of importance were as follows:

Acute dilatation from fatty degeneration of heart 1 day
Post operative ventral hernia kept 20 1936
Obesity 10 yr

Other contributory causes of importance:
Ventral herniotomy date of Oct 21
Name of operation. Physical. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury..... no
Nature of injury..... no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Henry P. Ryan M. D.
(Address) 508 1/2 Grand Blvd.

OCT 25 1937

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

899
10
10
OCCUPATION
FATHER
MOTHER

1 X12004

Dr Thym J. J. J.
508 N. Dr.

STATEMENT BY LICENSED EMBALMER

I, Eugene A. Sullivan, Licensed Embalmer No. 2930

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Eugene A. Sullivan

Licensed Embalmer No. 2930

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.)