

REC'D FEB 10 1939

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

518

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003 Registered No. 518
 (c) City St. Louis (d) Street No. 3821 South Compton Ave 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 Bockhorst

(a) Residence, No. 3821 South Compton Ave St. 176 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/31/1863</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Henry Lindhorst</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	15. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
17. INFORMANT: <u>Edward H. Bockhorst</u> (ADDRESS) <u>6633 Alamo Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marons</u> DATE <u>1/17/39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Robert J. Ambruster</u> (ADDRESS) <u>6633 Clayton Road</u>				
20. FILED <u>J. D. Bredbeck</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15th 19 39

22. I HEREBY CERTIFY, That I attended deceased from Dec - 3 1938 to Jan 15 1939
 I last saw her alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 1. A. M.
 The principal cause of death and related causes of importance were as follows:
Cardiac Decompensation
and
Mitral Regurgitation
Myo cardiac insufficiency
 Other contributory causes of importance:
Senility

Name of operation X Date of X
 What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 1939
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Walter G. Klopper, M. D.
 (Address) 3803 South Broadway

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

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.....

.....Albert H. Hoppe.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address 4700 Washington

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, above space should be left blank.