

1835 MAY 18 1939

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

15943
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757

(b) Township St. Charles Primary Registration District No. 3036 Registered No. 70

(c) City St. Charles (d) Street No. 915 N. Kingshighway St.

(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 Willner

(a) Residence, No. 915 N. Kingshighway St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruben Willner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 68

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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) Russia

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) M. Willner 915 N. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Co. Mo Chesed Shel Emeth 5-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman Rindskopf 6216 Delmar Blvd. St. Louis

20. FILED 9/15 1939 Clarence J. Kessler Local Registrar?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14 1939

22. I HEREBY CERTIFY, That, I attended deceased from 3/15 1939 to 5/14 1939

I last saw her alive on 5/13 1939 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 3/15/39

Recurrent Pneumonia 5/6/39

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Other contributory causes of importance: Chronic nephritis 3/15/39

Chronic myocarditis 1937

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) B. L. [Signature] M. D.

(Address) St. Charles, Mo.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.