DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16071

Registration District No. 1984 MAY 8

Primary Registration District No. 200

Registrar's No. 769

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 0 (b) County

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lena Graden 63

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Graden

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 15 (Day) 1856 (Year)

8. AGE: Years 83 Months 5 Days 4 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La (State or foreign country) 7

10. Usual occupation House Wife 6

11. Industry or business 7

FATHER
12. Name John Miller
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant's own signature Herbert David

(b) Address 4030 McPherson Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Ave.

19. (a) APR 19 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from June 18th, 1940 to April 18, 1940 that I last saw her alive on April 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to 46

Due to

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D. or other)

Address Manchester, Mo Date signed 4/19/40

(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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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 A. R. Thompson, Registered Apprentice No. 248 working under my personal supervision.

Signed R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address St. Louis

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.