

S. No. 2
4-12-40
5-17-39
P. I. X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 143

NOV FEB 23 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 143

20
17
9

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stone Nursing Home, 04373 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LENA FEDER

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

7. Birth date of deceased May 31 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 7 _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Huber

(b) Address 2809 Keokuk St.

17. (a) Burial (b) Date thereof Jan. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Gebben Dir. & Und. Co.
(b) Address 2842 Meramec St. 7411

19. (a) JAN 7 1941 (b) J. H. Gebben
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 24 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2809 Keokuk St. 9
(If rural, give location) B
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 2, 1940, to Jan. 7, 1941;
that I last saw her alive on Jan. 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum 7 Mo.
Duration

Due to _____
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Carcinoma of rectum
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ralph Thompson (M. D. or other) M.D.
Address 3606 Gravois Date signed 1/7/41

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Herman A. G. G. G.

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.
St. Louis, Missouri

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, fact should be so stated above.