

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 222360

FILED JUN 29 1942
Registration District No. 104

Primary Registration District No. 106

Registrar's No. 1339

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Old Folks Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. Since Dec. 1932 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Kirkwood 7
(If outside city or town limits, write "RURAL")
(d) Street No. Old Folks Home, 711 S. Kirkwood, Rd.
(If rural, give location)
(e) Citizen of foreign country? 7 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Paul Degan

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 Widow

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

7. Birth date of deceased Oct. 15 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Baveria Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Adam Beck

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

14. Maiden name Anna Marie 9

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Old Folks Home-Records

(b) Address 711 S. Kirkwood Rd. Kirkwood.

17. (a) Burial (b) Date thereof 6-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter Cem.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) JUN 20 1942 Rogonne Dr. Kirkwood, Mo.

19. (a) _____ (b) C. H. McHarran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 1942
year 1942 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 6/9 1942 to 6/19 1942
that I last saw her alive on 6/12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 10 days
Due to arteriosclerosis (?)

Due to _____
Other conditions Chronic hepatitis (2)
(Include pregnancy within 3 months of death)

Major findings: _____
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) (c) Means of injury _____
23. Signature Quantin M. James (M. D. or other) _____
Address Kirkwood, Mo. Date signed 6/19/42

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

W. J. ...

96
4
3

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.....

Louis H Bapp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bapp

Licensed Embalmer No. *921*

P. O. Address *Brookwood Mo*

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.