

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

28613

State File No.

Registrar's No. **8127**

FILED OCT 14 1942 318
Registration District No.

Primary Registration District No.

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:
4155 Flora Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4155 Flora Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lena E. Christen

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 22 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 7 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Conrad Breidenbach

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

14. Maiden name Wilhelmina Appel

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

16. (a) Informant Mrs. Harry C. Henger

(b) Address 3459 Halliday Ave.

17. (a) Cremation (b) Date thereof Oct. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory, Nachter-Helderts Ave.

18. (a) Signature of funeral director Walter H. ...

(b) Address 3634 Gravois Ave.

19. (a) OCT 1 1942 (b) J. F. Breideck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 th. year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10 1942 to Sept 29 1942 that I last saw him alive on Sept 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 1 day
Coronary Sclerosis 1 yr
Hypertensive Cardiovascular disease 2 yrs
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

Duration
1 day
1 yr
2 yrs

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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

21. Signature Walter H. ... (M. D. or other)
Address 2924 S. Grand Date signed 9/30/42

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: *Francis J. Hand*

Licensed Embalmer No. *245*

P. O. Address *St. Louis, 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.