

No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35098

State File No.

FILED NOV 9 1948

Registrar's No. 2507

Registration District No. 277

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: Mother of Good Counsel Home, 6825 Nat. Br
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 1/2 Years
(Specify whether in this community years, months or days) Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CA 11

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL") 117

(d) Street No. 5562 Labadie Avenue, 20., 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lena Even

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 Late Nicholas Even

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

7. Birth date of deceased October 23rd, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 0 6 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Henry Heining

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

14. Maiden name Anna (Unknown)

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

16. (a) Informant Mr. Syl G. Even

(b) Address 5117 Maffitt Avenue, 13.,

17. (a) Burial (b) Date thereof 11/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) 11-2-48 (b) Carla J. Hoyle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Time of entering - 6 1/2 Yrs. to 10-29-1948, 19____;
that I last saw her alive on 10-29-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Chr- Arthritis- deformans
Chr- Myo- carditis
Due to Chr- Endo- carditis 93d
Chr- Chr- Hypertension
Chr- Arterio sclerosis
Due to Hemiplegia. left

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

All senile type

Major findings:
Of operations _____

Died in The Home of the Insured

Of autopsy _____

Duration
2 days
?
?
?
2 days

PHYSICIAN
Underline
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? _____

23. Signature Sylvester J. ... (Specify type of place) (Means of injury)
3734 Jennings Road (M. D. or other) _____
Address _____ Date signed _____

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

76
0
0

3734 JENNINGS RD.
EV. 1968
ANYTIME THIS AFTERNOON.

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..... *Ralph C. Linders*
Licensed Embalmer No..... *4275*
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.