

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 6813

691

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6813 691	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 Days		c. CITY OR TOWN Webster Groves 4597		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				• STREET ADDRESS (If rural, give location) 8 Marshall Place			
3. NAME OF DECEASED (Type or Print) GEORGIA BATESON LENGNICK		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 1-19-1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-28-1870		9. AGE (In years last birthday) 85	
5. SEX F		6. COLOR OR RACE W		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (City and State or Foreign Country) Savannah Georgia		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas R Bateson		13b. MOTHER'S MAIDEN NAME Agnes Mann	
14. NAME OF HUSBAND OR WIFE Alfred Carl Lengnick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME J.W. Williams 8 Marshall Pl.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 days	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage					
ANTECEDENT CAUSES		DUE TO (b) Hypertension and Arteriosclerosis				Unknown	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -----				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3314			
21d. TIME OF INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from Jan. 6, 1956, to Jan. 19, 1956, that I last saw the deceased alive on Jan. 19, 1956, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE <i>H. A. Gardner M.D.</i>				23b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Missouri.		23c. DATE SIGNED 1-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-21-1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JAN 20 1956		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		FUNERAL DIRECTOR'S SIGNATURE <i>H. A. Gardner</i>		ADDRESS Webster Groves Mo.	

S-P. (Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Neville B. Frohwitter*

Licensed Embalmer No... *3696*

P. O. Address *15 W. Lockwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.