FEB 20 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 245

85
1001

1. PLACE OF DEATH

County: Buchanan
Registration District No.:
File No.:
Township:
Primary Registration District No.:
Registered No.: 51
City: St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME George Lehmann jr.

(a) Residence. No. 6202 Sherman Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Audrian

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 24, 1869.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	0	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor 210M
(b) General nature of industry, business, or establishment in which employed (or employer): Stock Yards Pharmacy
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Charles.
(STATE OR COUNTY): Missouri.

PARENTS

10. NAME OF FATHER: George Lehmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTY): Germany
12. MAIDEN NAME OF MOTHER: Romina Vollmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTY): Germany

14. INFORMANT: Marie Kavannaugh
(Address) 6202 Sheridan St.

15. FILED JAN 13 1928 John G. Wz REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 12, 1928

17. I HEREBY CERTIFY, That I attended inquested on deceased from Jan. 12, 1928, to, 19..., that I last saw h... alive on, 19..., and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Base of Skull as Result of automobile striking here at Jenkins & Belleaire, cor St Joseph Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 188 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? yes Date of Jan 12, 1928
Was there an autopsy? Body Buried
What test confirmed diagnosis? Viewed of Body & history of accident
(Signed) Ob Mays Coroner, M.D.
Jan. 13 1928 (Address) St Joseph Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Charles, Missouri.
DATE OF BURIAL: Jan. 16 1928

20. UNDERTAKER: H. O. Siedenfaden.
ADDRESS: 1802 Union Str.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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