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

Do not use this space.

18291

1. PLACE OF DEATH
County: St Louis
Township: St Louis and
City: (No. 2727 Mary Av. St. Ward)
Registration District No. 784
Primary Registration District No. 6030
File No.
Registered No.

2. FULL NAME: Charles Lehmann
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Lehmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 11 1854

7. AGE: Years 74, Months 4, Days 11, If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cabinet maker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Gotlieb Lehmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany.

14. INFORMANT: Ida Lehmann
(Address): 2727 Mary Av.

15. FILED May 24th, 1928. O N Schudt, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 22 1928

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to May 22 1928 that I last saw h. alive on May 21 1928, and that death occurred, on the date stated above, at 5 20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of intestines ? (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary oedema (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Guy Schmidt, M. D
5-23, 1928 (Address) 8807 W F Lorimant

*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: Bellefontaine Cemetery
DATE OF BURIAL: 5/24 1928.

20. UNDERTAKER: Theo. W. Biedenwieden
ADDRESS 1936 St. Louis ave.

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.

THIS CERTIFICATE, WHEN COMPLETED, BECOMES A PERMANENT RECORD