

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

Do not use this space.

22595

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 3003

City St. Louis

(No. St. Anthony's Hosp)

File No.

Registered No. 6823

St. Ward)

2. FULL NAME

(a) Residence. No. 2735 Delor St. St. 15 Ward.

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U.S., if of foreign birth? 44 yrs. mos. da. (If nonresident give city or town and State)

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 Anna Lehmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 7 15 — — —

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Printer 92A 7.5B 99C (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

10. NAME OF FATHER Fred 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) Unknown

14. INFORMANT Anna Lehmann (Address) #738. Delor St

15. 20 1928 Max C. Stanley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1928

17. I HEREBY CERTIFY, That I attended deceased from June 31, 1928, to June 27, 1928, that I last saw him alive on June 27, 1928, and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
arterial insufficiency (chr)
myocardial insufficiency (chr)
arteritis (chr)
cardiac hypertrophy and dilatation

CONTRIBUTORY (SECONDARY) 9000

18. WHERE WAS DISEASE CONTRACTED 9000 IF NOT AT PLACE OF DEATH, DATE OF no

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam, Labatory (Signed) J. E. Lutz M. D.

June 28 1928 (Address) 587 Fresno Bldg St. Louis 20

*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 New Picker DATE OF BURIAL June 30 1928

20. UNDERTAKER W. B. May del ADDRESS 1936 Allen

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 IS A PERMANENT RECORD

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