

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **123**

City **St. Louis** (No. **City No. 101**)

File No. **32066**

Registered No. **9344**

2. FULL NAME

(a) Residence. No. **722 High St.** **25** Ward.

Length of residence in city or town where death occurred **26** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.



PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

About 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 46

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Street Dept

(c) Name of employer

City

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Fred Lahmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Anna Norman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

City No. 101

15.

SEP 19 1928

FILED

Max E. Starbuck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 18 1928

17.

I HEREBY CERTIFY That I attended deceased from *Sept 5* to *Sept 18 1928* that I last saw him *live on Sept 18 1928*, and that death occurred, on the date stated above, at *6:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Cerebral Hemorrhage
with Apoplexy*

CONTRIBUTORY (SECONDARY)

17 1/2 hrs

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

2

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF.....

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*

(Signed) *Edward Melbring* M. D. *9/18, 1928* (Address) *City No. 101*

*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

Friedens Cem.

DATE OF BURIAL

9/20 1928

20. UNDERTAKER

M.A. Stock and Co

ADDRESS

2117 E. Grand

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

Labmann