

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

Do not use this space.

38220

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 100B
City..... St. Louis (No. 2709 S 12 St)..... St. Ward.....

File No.
Registered No. 10816..... St. Ward.....

2. FULL NAME

Louis Lendenmann
(a) Residence. No. 2709 S 12 St, 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Wife of Elizabeth Lendenmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Etowah, Georgia

10. NAME OF FATHER Anton Lendenmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Unknown

14. INFORMANT Marian Von Jolge
(Address) 2711 S. 72

15. Max C. Stanley REGISTRAR
Filed 5 1928

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from October 29th 19, to November 3rd 1928 that I last saw him alive on November 2nd 1928, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

benign Hemorrhage

CONTRIBUTORY (SECONDARY) chronic Arterio-sclerosis
(duration) 3 yrs. 3 mos. 0 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) LAWRENCE THUMMER, M. D.

11/3, 1928 (Address) 1808 Victor St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter Pauls Cem DATE OF BURIAL Nov 6 1928

20. UNDERTAKER Julius v Schmidt ADDRESS 3934 Russell

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Akumori