

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

Do not use this space.

42630

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 4414 St. Louis An.)

File No. ....

Registered No. 11876

St. .... Ward)

**2. FULL NAME**

Evelyn Marie Lehman

(a) Residence. No. .... St. 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**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)**

Nov 20 1928

**7. AGE**

YEARS

MONTHS

DAY

15  
If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

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

at home

(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)

St. Louis

**10. NAME OF FATHER**

Charles H. Lehman

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Louis

**12. MAIDEN NAME OF MOTHER**

Hermine Hermann

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Louis

**14.**

INFORMANT (Address)

Charles Lehman  
4414 St. Louis An.

**15.**

REC FILED

-6 1928

Max C. Stankard  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 5 1928

**17.** I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1928, to Dec. 5, 1928, that I last saw him alive on Dec. 5, 1928, and that death occurred, on the date stated above, at 4:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia  
Primary  
107A

**CONTRIBUTORY (SECONDARY)**

107A  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edw. J. ... M. D.

Dec 6 - 1928 (Address) 3435 N. ...

\*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**

**DATE OF BURIAL**

Bethany Cemetery

Dec 8 1928

**20. UNDERTAKER**

**ADDRESS**

Thos. H. Seiderwieser St. Louis

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.

