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

Do not use this space.

8970

File No. .....

Registered No. 2651

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1100D3

City St Louis (No. City Workhouse ..... St. ..... Ward)

2. FULL NAME Otto Lehman

(a) Residence. No. 615 Walnut St. 25 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

17107

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

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

7. AGE: Years: abt. 63 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

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

2837

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany 10

PARENTS

10. NAME OF FATHER Rudolph Lehman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Pauline Kuhl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany 10

14. INFORMANT E Rosenwald

(Address) City Workhouse

15. FILED 1-27 1939 Matt C Stuhlerg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1939

17. I HEREBY CERTIFY, That I attended deceased from Jan 13 1939 to Jan 13 1939 that I last saw h. alive on Jan 13 1939 and that death occurred, on the date stated above, at 7 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bil. Lobar Pneumonia

188

(duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY (SECONDARY) 1010

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Yes

IF NOT AT PLACE OF DEATH? 0

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? R Berg

(Signed) ..... M. D.

1/14, 1939 (Address) City Workhouse

*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: Washington | DATE OF BURIAL: 1/27 1939

20. UNDERTAKER: N. Rutter | ADDRESS: 3500 Rutger

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.

Lehman