

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

Do not use this space.

19938

File No.
Registered No. **5563** ... St. ... Ward)

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St Louis (No. 35332 Vista Ave)

2. FULL NAME

Martha Lehman
(a) Residence. No. 35332 Vista St. 18 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank Lehman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 - 1872

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
56 11 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La

10. NAME OF FATHER Wm Zieffe

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

12. MAIDEN NAME OF MOTHER Martha Morton

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

14. INFORMANT Frank Lehman
(Address) 35332 Vista Ave

15. FILED MAY 20 1929 May C Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1929

17. HEREBY CERTIFY, That I attended deceased from Mar. 30, 1929, to May 15, 1929, that I last saw h. al alive on May 15, 1929, and that death occurred, on the date stated above, at 12 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Intestinal Carcinoma

46 C 111
198 1/2
CONTRIBUTORY Pneumonia Lobar
(SECONDARY) (duration) yrs. 4 mos. 4 ds.

(duration) yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH yes DATE OF Mar. 10. 29

2 WAS THERE AN AUTOPSY? no

3 WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Edw. Starker M. D.
, 19 (Address) 1802 So Grand

*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 Oak Grove Cem DATE OF BURIAL May 20 1929

20. UNDERTAKER Prof Bros 3025 Lafayette Ave ADDRESS

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.

2293
2
2
2

1452 50. 1. 2. 2. 2. 2.