

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

Do not use this space.

41494

PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 720
Primary Registration District No. 6133
(No. St. Louis Co. Hospital)

File No.
Registered No.
St. Ward)

2. FULL NAME Theresa Lehman
(a) Residence, No. 8206 Manchester St. Ward.
(Usual place of abode)
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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Lehman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 9 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PICKWICK OHIO

13. NAME BYRNES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

15. MAIDEN NAME HUGHES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT JOS. LEHMAN
(ADDRESS) 8206 MANCHESTER

18. BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE Jan. 3, 1933

19. UNDERTAKER CRUGHAN UND. CO
(ADDRESS) 7146 Manchester Ave

20. FILED Jan 1 1933 L.W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932, to Dec. 30, 1932
I last saw him alive on Dec. 30, 1932 Death is said to have occurred on the date stated above, at 4:48 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia - Bronchial
Chronic Cardio-Renal disease

Other contributory causes of importance:
The above was verified by Dr. Clinton Peterson, 71005 Big Bend Rd. who also took care of the deceased for 2 days prior to Dr. Wolff as a Charity patient at the St. Louis Co. Hosp.

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Charles Wolff, M. D.

(Address) 2717 Cotton Ave
Dr. Julia B. Hanson Registrar.

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.

MARGIN RESERVED FOR BINDING

S. No. 2.

