

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

Do not use this space.

30674

**1. PLACE OF DEATH**

County St Charles Registration District No. 757  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City St Charles (No. 1616, Jackson St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 160

**2. FULL NAME**

Frank Herman Lehmann  
 (a) Residence, No. 126 Jackson St., \_\_\_\_\_ 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 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 Reginae Bode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1879  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpentry  
 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) St Charles Mo

13. NAME George Lehmann

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

15. MAIDEN NAME Raymunda Volmer

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

17. INFORMANT (ADDRESS) Mrs Frank Lehmann 126 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL  
 Placed in the cemetery DATE Sept 20 1933

19. UNDERTAKER (ADDRESS) W. H. Callahan & Sons Co 100 E. 3rd St. St. Louis, Mo

20. FILED 9/20 1933 Clarence B. Husler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933 to Sept 17 1933  
 I last saw him alive on Sept 17 1933 Death is said to have occurred on the date stated above, at 5:45 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1931  
1931  
1930  
 Other contributory causes of importance: Chronic  
Granulomatous hepatitis 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? no

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) W. H. Callahan \_\_\_\_\_, M. D.  
 (Address) 100 E. 3rd St. St. Louis, Mo

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.

RECORD THIS IS A PERMANENT RECORD

1992  
 4  
 108

OCCUPATION  
 FATHER  
 MOTHER

