

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

Do not use this space.

1. PLACE OF DEATH SEP 13 1934 791  
 County..... Registration District No. 791  
 Townshp. St. Louis Primary Registration District No. 1003  
 City (No. 1700<sup>2</sup> Allen Ave. St. 23 Ward. Registered No. 30729  
 St. Ward) 7978

2. FULL NAME Ernest Lehmann  
 (a) Residence, No. 1700<sup>2</sup> Allen Ave. St. 23 Ward. (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 OF RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 50 6 3  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector (Retired 4 yrs)  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boot Shoe Warehouse  
 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. Louis Mo.  
 13. NAME Fred W. Lehmann  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 15. MAIDEN NAME Sophia Blum  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 17. INFORMANT Marnie Lehmann (ADDRESS) 1700<sup>2</sup> Allen Ave.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus DATE Aug 4 1934  
 19. UNDERTAKER Wascely Heldele (ADDRESS) 2331 Broadway  
 20. FILED AUG - 3 1934 J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Aug 1 1934  
 I last saw him alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Coronary Atherosclerosis  
 Chronic Endocarditis  
 Other contributory causes of importance: 42 W  
 Name of operation..... Date of.....  
 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?  
 If so, specify.....  
 (Signed) Julius H. Henselberg, M. D.  
 (Address) 2000 V. 9 St.

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.

THIS IS A PERMANENT RECORD

