

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

Do not use this space.

37275

DEC 20 1935

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 6033-1 File No. \_\_\_\_\_  
 City Clayton (No. St. Louis County Hosp) Registered No. 34P Ward) \_\_\_\_\_

2. FULL NAME Alfred O. H. Lehmann  
 (a) Residence, No. 1018 E. Linden St., \_\_\_\_\_ Ward. Richmond 17th  
 (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 M 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 Dora Lehmann  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 - 1863  
 7. AGE YEARS 72 MONTHS 8 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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) Germany

MOTHER 13. NAME unknown

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

15. MAIDEN NAME Louisa P

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

17. INFORMANT Mrs. Dora Lehmann  
 (ADDRESS) 1018 E. Linden

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Cemetery DATE 12/31 19. \_\_\_\_\_

19. UNDERTAKER Louis H. Bopp  
 (ADDRESS) \_\_\_\_\_

20. FILED Dec 30 1935 W. E. J. Signorelli  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1935  
 22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1935, to 11-30, 1935  
 I last saw h.c. alive on 11-30, 1935. Death is said to have occurred on the date stated above, at 12:12 PM  
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia  
Labar

Other contributory causes of importance:  
Chronic myocarditis  
Pyelonephritis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. & Clin. 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? ?  
 If so, specify \_\_\_\_\_  
 (Signed) Wm E. Moore, M. D.  
 (Address) St. Louis County Hosp  
Clayton, 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.

WHITE PRINT, WITH WRAPPING INK—THIS IS A PERMANENT RECORD

