WHITE 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.

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

Do not use this space.

7473

MAR 25 1936

1. PLACE OF DEATH
County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030 — File No. ____ Registered No. 28
City ____ (No. 198 Ridge Dr. Riverview Gardens St. ____ Ward)

2. FULL NAME Olivia Lenhard

(a) Residence, No. 198 Ridge Dr., Riverview Gardens 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: John T. Lenhard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 11, 1882

7. AGE: Years 53 — Months 10 — Days 29 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): St. Louis Mo

FATHER

13. NAME: Paul Marchand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Clementine Joile
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): John T. Lenhard 198 Ridge Dr. Riverview Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. J. Peter & Paul DATE Feb. 13, 1936

19. UNDERTAKER (ADDRESS): Math Hermann & Son 4461 East Fair Avenue

20. FILED Feb 15 1936 19 W. A. Zeitler Registrar.
Geo B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1936 to 2/9, 1936
I last saw h. alive on 2/9, 1936. Death is said to have occurred on the date stated above, at 7:31 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/3/36

Other contributory causes of importance:

Myocarditis Chronic	2 yrs

Name of operation ____ Date of ____
What test confirmed diagnosis? None 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) Dr. Chapman, M. D.
(Address) 8321 Fr. Bldg.