

MAY 7 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis (No.)

Registration District No. 791
1008
Primary Registration District No. 3832 Wisconsin

File No. 16953
Registered No. 3704
St. Ward

2. FULL NAME. Joseph P. Lenharth

(a) Residence, No. 3832 Wisconsin St. 24 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 OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7 1864		
7. AGE YEARS 71	MONTHS 3	DAYS 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith		11. Total time (years) spent in this occupation
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)		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
	13. NAME Jacob Lenharth
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Elizabeth Becker
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT (ADDRESS) John Held 3832 Wisconsin
18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE April 6th, 1936	
19. UNDERTAKER (ADDRESS) H. Schumacher 3013 Meramec St.	
20. FILED APR 6 1936 J. F. Briedeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Apr. 3, 1936
I last saw him alive on Apr. 1, 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
121
Chronic Parynchymatous hepatitis
6 mo.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Urine 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) J. M. G. J. M. G. J. M. G., M. D.
(Address) 3014 S. Jefferson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

