

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

Do not use this space.

**1. PLACE OF DEATH**

96 County.....  
 311 Township.....  
 9 City St. Louis

**FEB 8 1937 791**  
**1003**

Registration District No.....  
 Primary Registration District No.....  
 (No. Jewish Hospital)

File No. 3572  
 Registered No. 605  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Carmen Taylor Lahrman

(a) Residence, No. 4058 McRee Ave. St. 17 Ward. 1  
 (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 William C. Lahrman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 935  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
 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 Felix Buchanan

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

15. MAIDEN NAME Walker Deen

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

17. INFORMANT David Taylor  
 (ADDRESS) 4058 McRee Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Silkfontaine DATE 1-16 1937

19. UNDERTAKER Kriegshauser Mortuaries  
 (ADDRESS) 4228 So. Kingshighway

20. FILED J. Bredeck  
 (Address) \_\_\_\_\_  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1937, to 1/13/37, 1937.  
 I last saw h.c. 1/13 alive on 1/13, 1937. Death is said

to have occurred on the date stated above, at 8 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic thrombophlebitis  
hemiparesis  
hypertensive heart disease  
 Date of onset 1934  
1936

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) J. P. Mullen, M. D.  
 (Address) Jennie W. Dyer

**JAN 14 1937**

WHITE PLAIN, WITH O-RADING 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.

