

MAY 7 1937

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

Do not use this space.

1440

791
1003

File No.
Registered No. 3895
St. Ward)

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. (No. Lutheran Hospital)

2. FULL NAME Mr. August J. Lehrmann

(a) Residence, No. 6600 Morganford St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. - mos. 26 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Lehrmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 - 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gardener

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, Missouri

13. NAME Gustave Lehrmann

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

15. MAIDEN NAME Marie Panhorst

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

17. INFORMANT Mr. Edwin Lehrmann (ADDRESS) 6600 Morganford

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Luth. DATE Apr. 15, 1937

19. UNDERTAKER Beidervieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis Ave.

20. APR 13 1937 J. E. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1937, to April 12, 1937

I last saw him alive on April 12, 1937. Death is said to have occurred on the date stated above, at 9:15 a m.

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

Metastatic Carcinomatous Ulcers of Blanks of Neck
Primary on lip.

Date of onset 2 yrs ago

Other contributory causes of importance:

Name of operation Ad. neck tumor Date of ?
What test confirmed diagnosis? Biopsy 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

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) N. H. K. [Signature], M. D.
(Address) 3807 S. Broadway

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.

500

100 # 10. 100 # 10.
3801

7-8