

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.

MAY 31 1937

1. PLACE OF DEATH

County St. Louis  
Township University City  
City University City (No. 7278 Lindell blvd.)

Registration District No. 1160  
Primary Registration District No. 4470

File No. 17644  
Registered No. 39 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Catherine B. Lehman,

(a) Residence, No. 7278 Lindell blvd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 H. B. Lehman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1868-2-23

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
69 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, At home sawyer, bookkeeper, etc.  
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) New Waterford, Ohio.  
(STATE OR COUNTRY)

FATHER 13. NAME Henrick Kock,  
14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Geiger,  
16. BIRTHPLACE (CITY OR TOWN) Lancaster, Penn.  
(STATE OR COUNTRY)

17. INFORMANT Edith K. Lehman,  
(ADDRESS) 7278 Lindell blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 4/14/37 19.

19. UNDERTAKER Robert J. Ambruster,  
(ADDRESS) Clayton Road at Concordia Lane

20. FILED April 14 1937 Lena V. Moeller  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from MAR 1<sup>st</sup> 1937 to April 10th, 1937.  
I last saw her alive on April 10th, 1937 Death is said to have occurred on the date stated above, at 9 P. m.

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

Cancer of Lung  
H.  
Other contributory causes of importance: Pneumonia with effusion ap. 10

Date of onset mid 5

Name of operation Bronchoscopy Date of ap. 5  
What test confirmed diagnosis? above 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) a m Frank, M. D.  
(Address) 3651 Grandel Square

