

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

Do not use this space.

791  
1008

1. PLACE OF DEATH JUL 8 - 1937

County .....

Registration District No. ....

File No. ....

22232

Township .....

Primary Registration District No. ....

Registered No. ....

5984

City ST. LOUIS MO (No. 4170 Sacramento 7) St. .... Ward)

2. FULL NAME JOSEPHINE LEHMANN

(a) Residence, No. 4170 Sacramento St., 10 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 FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Gustave Lehmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1856

7. AGE YEARS 80 MONTHS 5 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

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) ST. LOUIS (STATE OR COUNTRY) MO

13. NAME CHARLES CONRAD

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

15. MAIDEN NAME DE-NAUPE

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

17. INFORMANT (ADDRESS) Walter Lehmann 2711 Parnell St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 21, 1937

19. UNDERTAKERS (ADDRESS) Strodt & Carroll 2600 North Lodge

20. FILED JUN 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH  
No Physician Attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:50 P.M.

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

Cerebral Apoplexy.

Arteriosclerosis.

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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. Zeman M.D.

(Address) Deputy Registrar

WRITE PAINTLY 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.

62 80 5 24  
1-9-99

