

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.

OCT 26 1937

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

35220
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis.
(b) Township Bonhomme.
(c) City Clayton Rd. Chesterfield, Mo. R.R.
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. 785
Primary Registration District No. 6031 Registered No. 123
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Henry G. Lemcke,
Chesterfield, Mo. R.R. #1. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 xxxxxx
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23, 1859.
7. AGE YEARS 78 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil.
9. Industry or business in which work was done, as saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) xx 11. Total time (years) spent in this occupation xx

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

13. NAME Charles Lemcke,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Groenemeyer,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT (ADDRESS) Charles Lemcke
Chesterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cem. DATE Sept. 14, 37

19. FUNERAL DIRECTOR (ADDRESS) Shrader Funeral Home
Ballwin, Mo.

20. FILED 9-13 1937 Agnes O'Kelly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937, to Sept 12, 1937
I last saw him alive on Sept 9, 1937. Death is said to have occurred on the date stated above, at 12:30 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:
arteriosclerosis
chronic nephritis
hypertension
Name of operation..... Date of.....
What test confirmed diagnosis? C. exam. 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?.....
If so, specify Henry Lead, M. D.
(Signed) Ballwin Mo.
(Address)

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Theo. Schrader

No. 3066 or by

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)