

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003

240

Do not use this space.

240

Registered No.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Missouri (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 550 La's Gertrude Lehman

(a) Residence, No. 14 East Columbia St. Farlington Missouri
 (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 F. 4. COLOR OR RACE white. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF John C. Lehman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49. 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. no occupation
 9. Industry or business in which work was done, as saw mill, bank, etc. no occupation
 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) Dexter Mo. - 013. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Hal Lehman
(ADDRESS) (son) Farlington Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE FARMINGTON MO DATE 1-8 193919. FUNERAL DIRECTOR (NAME) ALBERT H. HOPPE
(ADDRESS) 4700 WASHINGTON BLVD20. FILE JAN 7 1939 J. B. Bruck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-39, 1922. I HEREBY CERTIFY, That I attended deceased from 11-25-38, 19, to 1-6-39, 19.I last saw her alive on 1-6-39, 19. Death is said to have occurred on the date stated above, at 10 a.m.

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

Pulmonary Embolus (acute) Date of onset 1/6/39
Peritonitis (Generalized) 12/23/38

Other contributory causes of importance: Ca of Rectum ?Name of operation, abdomino-perineal resection Date of 12-20-38What test confirmed diagnosis? Biopsy Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19Where 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 Cholesterol(Signed) [Signature] M. D.(Address) BARNES HOSPITAL

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Albert G. Hoppes*

Licensed Embalmer No. *2971*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank,