

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 791

CERTIFICATE OF DEATH

457

Do not use this space.

1. PLACE OF DEATH

- (a) County Registration District No. 1003
- (b) Township Primary Registration District No. Registered No. 457
- (c) City St. Louis, Mo. (d) Street No. Emerson City Hosp #1 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 ⁵¹⁰ Anna Lehmann

- (a) Residence, No. 3620a Bowen St. St. 1 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 August Lehmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as 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, Mo.

13. NAME Thomas Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

15. MAIDEN NAME Anna Langmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

17. INFORMANT (ADDRESS) Emma Kruse
2846 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl DATE Jan. 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell
1926 Allen Ave.

20. FILED JAN 14 1939 J. D. Braddock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1939

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 m.

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

Hemorrhage due to Coarctation of Aorta, and laceration of Esophagus by Coarctation tube, which struck by Public Service Bus operated by Sayford Marion Miller at the

Other contributory causes of importance: Intersection of So. Grand Blvd and Bowen St. about 5:45 A.M. Jan 14 1939

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Date of injury Jan 14, 1939

Where did injury occur? Public place
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Joseph M. Quinn, M.D.

(Signed) Joseph M. Quinn (Address) Deputy Coroner

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 ME
....., Registered Apprentice No. 1467
working under my personal supervision.

Signed W. B. Moydell
Licensed Embalmer No. 1467
P. O. Address 1926 allan

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.