

REC'D JUN 14 1939

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

18111  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Bughanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. Union Depot 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 35 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LESTER LECHTMAN  
 (a) Residence, No. 1223 S. 11th. St.  (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 Male 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 Rose Lechtman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Est 57 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cap Maker  
 9. Industry or business in which work was done, as saw mill, bank, etc. St. Joseph Cap Co.  
 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) Unknown Russia

13. NAME Mershel Lechtman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Russia

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Rose Lechtman  
 (ADDRESS) 1223 S. 11th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shaare Sholem DATE 5/28/39

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC.  
 (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED May 29 1939 H. J. Nestlekrish  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Viewed  
May 27th, 1939

I last saw h..... alive on....., 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:

Acute Coronary Thrombosis Date of onset

Other contributory causes of importance: none

Name of operation..... Date of.....  
 What test confirmed diagnosis: History 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.....  
 (Signature) B.W. Tadlock Coroner M. D.  
 (Address) King Hill Bldg.

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.

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**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

*Henry Schooley*

Licensed Embalmer No.

3909

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.**