

MAY 11 1939

DEC'D JUN 8 1939

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

Do not use this space.

19767

1. PLACE OF DEATH

96 County St. Louis
Township Noymandy
City Overland Mo. (No. 543)

Registration District No. 784
Primary Registration District No. 200

File No. _____
Registered No. 861
St. _____ Ward _____

2. FULL NAME Jessie Lemholty

(a) Residence, No. 2235-Burns St., _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Lemholty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23 - 1853

7. AGE YEARS 86 MONTHS 0 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME John Maugherrmann

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

15. MAIDER NAME Unknown

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

17. INFORMANT Claude Lemholty (ADDRESS) 2235-Burns Overland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE 5-12-1939

19. UNDERTAKER Blumens Gro. Co. (ADDRESS) 444 Woodson Rd. Overland Mo.

20. FILED MAY 11 1939 A. R. Miller, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1939, to May 10, 1939.

I last saw her alive on May 10, 1939. Death is said to have occurred on the date stated above, at noon.

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

Myocardial Failure
Chronic Myocarditis

Date of onset 1939

Other contributory causes of importance: General debility

Name of operation None Date of _____

What test confirmed diagnosis? Clinical. 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? None (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 None

(Signed) Paul R. Whitener M. D.

(Address) 892-3 Midland Blvd. Overland, St. Louis Mo.

WRITE PLAINLY, 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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

Oscar F. Mueller
License # 3039
