DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

791 STANDARD CERTIFICATE OF DEATH

State File No. 27950

Registration District No. 1003 Primary Registration District No. _____ Registrar's No. 7450

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home 3709 Hartford (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County _____

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 16

(d) Street No. 3709 Hartford St (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Hedwig Lahrmann 655

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 25 1875 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housework 6

11. Industry or business 0

FATHER
12. Name William H. Lahrmann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lenck
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adele Lahrmann

(b) Address 3709 Hartford St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 31 1939 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) AUG 30 1939 (Date received local registrar) (b) J. D. Bradleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1939 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from 8/26/39, 19__, to 8/29, 1939 that I last saw her alive on 8/29/39, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart Disease	2 yrs
Due to Endocarditis	2 yrs
Due to arthritis	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Edw H Ezerman (M. D. or other)

Address 9924 S. Grand Date signed 8/29/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

Dr Eyerman
2924 Sherwood
La - 3456
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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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.