DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30940

1939 OCT 14 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8003

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3911 Sullivan Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Lehman 550

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Lehman

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

7. Birth date of deceased August 1 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	1	15	hr. min.

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

10. Usual occupation Iron Worker

11. Industry or business Retired

FATHER
12. Name Anthony Lehman
13. Birthplace Germany (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Christine Hunt
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe Lehman
(b) Address 3911 Sullivan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 17 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15th. year 1939 hour 12:40 minute P.M.

21. I hereby certify that I attended the deceased from Sept 6-1939, 19..., to Sept 16-1939, 19...; that I last saw him alive on 9-15-39, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteria sclerosis of cerebral arteries with thrombosis — Duration: 10 days

Due to

Due to

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 John T. Hammond (M. D. or other) M.D.
Address 6304 N. Grand Date signed 9/16/39

(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.

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Dr. John J. Hammond
Mo. Thea Bldg.

Fr. 5080
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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.