

REG MAY 1 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Baptist Hospital  
(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) \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Lemon (Lizzie)

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Late Warren J. Lemon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 16 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace French Village - Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Practical Nurse

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name Peter Eckert

13. Birthplace Paris France  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Blaize

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.K. Miller

(b) Address 3901 Botanical Ave.

17. (a) Burial (b) Date thereof 4-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) APR 5 1940 4228 So. Kingshighway

19. (a) \_\_\_\_\_ (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3901 Botanical Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd  
year 1940 hour 11:45 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from 3/30  
\_\_\_\_\_, 1940, to 4/3, 1940  
that I last saw her alive on 4/3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart attack Duration Instantly

Due to Chronic myocarditis ?

Due to Incarated Umbilical hernia due to acute cholecystitis - 5 days  
Other conditions Unknown as to etiology  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations Incarated Umbilical Hernia  
Of autopsy none  
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) no  
(b) Date of occurrence no  
(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?

23. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Preston C. Hall (M. D. or other)  
Address 3902 Lafayette Date signed 4/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Prester & Wall  
3902 Kofayutte 10-11

**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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.