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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40618

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10389

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2817A N. Vandeventer 11
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years years.

3. (a) PRINT FULL NAME August Lahmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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 Aug (Month) 10 (Day) 1867 (Year)

8. AGE: Years 73 Months Aug Days 6 If less than one day hr. min.

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

10. Usual occupation Storekeeper

11. Industry or business Country Store

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Ella Rayel

(b) Address 2817A Vandeventer, St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery - Kirkwood, Mo

18. (a) Signature of funeral director Louis H. Bopp - Inc

(b) Address 1314 W. Argonne Dr. Kirkwood, Mo.

19. (a) DEC 18 1940 (Date received in registrar's office) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16, year 1940 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from December 7, 1940 to December 16, 1940 that I last saw him alive on December 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis

Due to

Due to

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

Duration

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 R. J. Maxwell (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Fairwood

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.