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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20123

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4935

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: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months (Specify whether
In this community 46 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1217
(If outside city or town limits, write "RURAL")

(d) Street No. Park Plaza Hotel 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 220 N Kingshighway years

3. (a) PRINT FULL NAME Nora Stark Lehmann

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 Widowed

6. (b) Name of husband or wife Frederick W. Lehmann

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

7. Birth date of deceased September (Month) 12 (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	9	2	hr. min.

9. Birthplace Indianola (City, town, or county) / Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Stark
13. Birthplace (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Elentteria McClure
15. Birthplace (City, town, or county) / Kentucky (State or foreign country)

16. (a) Informant John S. Lehmann
(b) Address 10 Appletree Lane, Ladue Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive, St. Louis, Mo.

19. (a) JUN 15 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1920, to June 14, 1941;
that I last saw her alive on June 14, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arterial Thrombosis	3 mos.
Due to: Arterio-sclerosis	10 years
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 Albert E. Taussig (M. D. or other) M.D.
Address 4500 Olive St. St. Louis Date signed 6/14/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

NO EMBALMING

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.