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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32483

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1889

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Rural~~ Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County 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 65 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 a Walsh St.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME George Lehmann

3. (b) If veteran, name war no

3. (c) Social Security No. 492-05-6877

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emma L.

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April (Month) 27 (Day) 1876 (Year)

8. AGE: Years 65 Months 4 Days 16 If less than one day ____ hr. ____ min.

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

10. Usual occupation Electrican

11. Industry or business Fremder Electric Co

FATHER
12. Name Leo Lehmann
13. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Christina Rieth
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Emma L. Lehmann
(b) Address 1006 a Walsh St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Helderle Und Co
(b) Address 3634 Gravois Ave.

19. (a) SEP 11 1941 (Date received local registrar) (b) C. G. McGovran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Aneurysm of the aorta;
Rupture of aneurysm into
Due to paricardial cavity.

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

Major findings:
Of operations ____
Of autopsy Yes

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 Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 9/11/41 Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert Cowell

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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

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