

FILED FEB 16 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 281

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 7460 Oakland  
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME IDA MAE LEHMER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5  
year 1942 hour 6:15 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph Lehmer

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

7. Birth date of deceased March 17th 1870  
(Month) (Day) (Year)

Immediate cause of death Natural causes. Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>18</u>	_____ hr. _____ min.

Due to Rupture of Aorta

Due to \_\_\_\_\_

Other conditions 96  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business Home

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Yes

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Charles Huber

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

14. Maiden name Catherine Spertzel

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

16. (a) Informant Sally Lehmer

(b) Address 7460 Oakland

17. (a) Burial (b) Date thereof 2 7 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

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? \_\_\_\_\_

18. (a) Signature of funeral director Katon Backlage

(b) Address 536 Clayton Road

19. (a) FEB 8 1942 (b) None  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Louis H. Boy (M. O. B. No. \_\_\_\_\_)  
Address Kirkwood, Mo. 2/6/42 Date signed \_\_\_\_\_

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

76  
8  
3

**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.....

*Arkwood, 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, fact should be so stated above.**