

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1000

Registrar's No.

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

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 3458 Alberta
(If not in hospital or institution, write street number or location)

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

In this community Life

3. (a) PRINT FULL NAME Catherine Lehmann

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife Louis

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased OCT 20, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>0</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Laurence Leo Martina

13. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Rettler

15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Louis Lehmann

(b) Address 3458 Alberta

17. (a) Burial (b) Date thereof 2/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter H. Hymowitz

(b) Address 4016 Chippewa

19. (a) FEB 21 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town St Louis 16 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3458 Alberta
(If rural, give location)

(e) No Attending Physician (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1942 hour 4 minute 30 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.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: 93d

Of operations _____

Of autopsy 93c

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? _____

While at work _____
(Specify type of place) Means of injury 3

23. Signature Walter H. Hymowitz (M. D. or other) _____

Address 4016 Chippewa Date signed 2/21/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Ernest W. Spillers

Licensed Embalmer No. 4080

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, fact should be so stated above.