

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7855

State File No.

FILED MAR 5 1942
Registration District No.

Primary Registration District No. 101

Registrar's No. 429

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town 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 16 days
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")
(d) Street No. Higgins Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME William Lenhardt
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. 23
year 1942 hour 7 day :45 P. M.
minute 2-7-42

4. Sex male race white / divorced married
5. Color or race white / divorced married
6. (b) Name of husband or wife Barbara Schlittlei alive 66 years
6. (c) Age of husband or wife if
7. Birth date of deceased Nov. 5 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
....., 19..... to 2-23-42, 19.....
that I last saw h. in alive on 2-23-42, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 3 18 hr. min.

Immediate cause of death
Pericardial Anemia
Hydrate Combined sclerosis of
spinal cord
Due to Sclerosis due to
pericardial anemia
Duration 2 yrs.

9. Birthplace St. Louis Mo. 10
(City, town, or county) (State or foreign country)
10. Usual occupation Caretaker Carpenter
11. Industry or business

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

MOTHER FATHER
12. Name Henry Lenhardt
13. Birthplace Unknown 5 Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Alice Wolf
15. Birthplace Unknown 5 Switzerland
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Barbara Lenhardt
(b) Address Valley Pk.
17. (a) Cremation (b) Date thereof 2-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Southern Fun. Home
(b) Address 6322 S Grand
19. (a) FEB 25 1942 (b) C. S. McManis
(Date received local registrar) (Registrar's signature)

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 L. G. Allen (M. D. or other) D. A.
Address St. Louis County Hosp Date signed 2-29-42

789 (Licensed Embalmers' Statement on Reverse Side)

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

238
-2-42

MAR 2 1942

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 Vergil L. Berryman
Licensed Embalmer No. 4818
P. O. Address St Louis 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.