

ED APR 28 1943

318

1003

Registration District No. Primary Registration District No. Registrar's No.

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:
Deaconess Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3500 A Humphrey
(If rural, give location)

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

3. (a) PRINT FULL NAME Paul Lehmann

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-01-6151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 6 minute 30 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: Aug. 31 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 19 1943 to April 19 1943
that I last saw her alive on April 19 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death: Carcinoma of the lung

Due to _____

Due to _____

Duration
2 to 3
to

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

10. Usual occupation Ret. Machine Mfg.

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

Major findings: Acute Pleurisy

Of operation _____

Of autopsy not made

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

11. Industry or business _____

12. Name Henry Lehmann

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

14. Maiden name Selma Baum

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

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? _____

16. (a) Informant Ida Lehmann

(b) Address 3500 A Humphrey

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Meramec St.

19. (a) APR 20 1943 (Date received local registrar)

J. F. Bradeck (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bradeck (M. D. or other)

Address 915 No. Shreve Blvd. Date signed 4/22/43

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

MOTHER FATHER

no heat body

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.....

Clarence Rochow

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence Rochow

Licensed Embalmer No. *3093*

P. O. Address *3013 Meramec*

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.