

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

6263

FILED AUG 8 1943 318

Primary Registration District No. 1003

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

Myrtlewood Blldg

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:
3447 S. Grand Blvd.
(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 Unknown
(Specify whether years, months or days)

3. (e) PRINT FULL NAME Lorenz E. Lehmborg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara B. Lehmborg

6. (c) Age of husband or wife if alive. 64 years

7. Birth date of deceased January 24, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	1	hr. _____ min.

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

10. Usual occupation Dentist

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Lehmborg

{ 13. Birthplace Holstein, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Anna Warnken

{ 15. Birthplace Berger, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara B. Lehmborg

(b) Address 3447 S. Grand Blvd.

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

(b) Date thereof 7 27 43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wacker, Hildebrand & Co.

(b) Address 3634 Gravois Avenue

19. (a) JUL 27 1943 (b) J. F. Budeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3447 S. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 19th
1943 to July 25 1943
that I last saw him alive on July 25th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis
Cerebral & General with
Cerebral Hemorrhage.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

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) (e) Means of injury _____

23. Signature A. J. Hedens (M. D. or other) M.D.
Address 508 N. Grand Date signed July 26/43

Duration
1 wks.

PHYSICIAN
None

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..... *Frank J. Myland*.....
Licensed Embalmer No..... *2675*.....
P. O. Address..... *St. Louis*.....

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.