

FILED OCT 19 1943

Registration District No. 517

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1297A Delaware Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1297A Delaware Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME: Otto W. Lehnen.

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 Carrie Lehnen 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. 2, 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 12 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Daniel Lehnen

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

14. Maiden name Mary Doebler

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

16. (a) Informant Lester Lehnen

(b) Address 1297A Delaware Ave.,

17. (a) Burial (b) Date thereof Oct. 15/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 15 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5 yrs ago
Oct, 1938, to Oct 14, 1943
that I last saw him alive on Oct 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
hypostatic congestion to lungs
hemiplegia Duration 5 yrs.

Due to hemiplegia
Due to hemiplegia & Bronch
acute obstruction of Bronch.

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

Major findings:
Of operations..... 122 p 2
Of autopsy.....

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

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 [Signature] (M.'D. or other)

Address 4397 N. Pomer Date signed Oct 14/43

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

MOTHER FATHER

Dr. M.H. Dalton,
4379 W. Pine Blvd.,
J.F. 8727

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.....

James W. Clark

Licensed Embalmer No. 1661

P. O. Address. 1125 Hodiament Ave.,

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.