V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32524

FILED OCT 23 1944 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8300

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

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: 4399 Gibson
(If not in hospital or institution, write street number or location) 1

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

In this community

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Missouri (b) County Osage 0

(c) City or town Bland NR
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 1

3. (a) PRINT FULL NAME John C. Lehnhoff

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife Louisa Lehnhoff

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February (Month) 7 (Day) 1884 (Year)

8. AGE: Years 60 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Fritz Lehnhoff
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Yelta Heyers
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Wm. Lehnhoff 1

(b) Address Bland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 17 1944 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1944 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from January 28, 1942 to Oct. 14, 1944 that I last saw him alive on Oct 14, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	3 yr
Due to chronic Hypertrophic arthritis	3 yrs.
Due to	
Other conditions Anemia Rt Eye Region (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. M. Webb (M. D. or other) M.D.

Address 4501 Manchester Date signed 10-14-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.