

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36112

FILED NOV 30 1944
318

State File No. _____
Registrar's No. 9946

Registration District No. _____ Primary Registration District No. 1003

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:
3101a Miami Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3101a Miami Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rudolph P. Lehner
3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-6991

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 21 year _____ hour 5 pm minute _____ M.
21. I hereby certify that I attended the deceased from Feb-1942 to Nov 21, 1944
that I last saw him alive on Nov 21, 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Adele Lehner 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased: January 21, 1885
(Month) (Day) (Year)

Immediate cause of death: myocarditis
Due to: arterio sclerosis
Duration _____

8. AGE: Years 59 Months 10 Days 0 If less than one day _____ hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

9. Birthplace: Pocahontas, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: A. G. Brauer Supply Co
12. Name: Peter Lehner
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Bertha Wachter
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Adele Lehner
(b) Address: 3101a Miami Street

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: _____

17. (a) Burial (b) Date thereof: Nov. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Concordia Cemetery
18. (a) Signature of funeral director: Reidervieden F. H., Inc.
(b) Address: 1936 St. Louis Avenue
19. (a) NOV 23 1944 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature: W. Howard (M. D. or other) _____
Address: 2619 January Date signed: _____

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

Dr. Wm. B. Kauntz
4500 Olive St.
11:30 a.m.

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.