. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5036

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2901a Miami Street (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 Missouri (b) County 006 17 924

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

(d) Street No. 2901a Miami Street (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred Lengemann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased August (Month) 5 (Day) 1906 (Year)

8. AGE: Years 38 Months 10 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 11 (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business

FATHER
12. Name Fred Lengemann
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 7 (State or foreign country)

16. (a) Informant Anna Lengemann

(b) Address 2924 Eads Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1945 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wacker Helderle

(b) Address 3634 Gravois Avenue

19. (a) JUN 7 1945 (Date received local registrar) J. F. Breech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1945 hour 3 minute 49 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Morphine Poisoning Self Administered in his room 2903 Miami St on June 5 1945 exact time Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence June 5 1945

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Cocaine

23. Signature Patrick E Taylor (M. D. or other)

Address Dayton Date signed 6/7/45

(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.