

FILED JUN 21 1945
Registration District No. **397**

Primary Registration District No. **6076**

Registrar's No. **1566**

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

1. PLACE OF DEATH:
 (a) County Saint Louis
 (b) City or town Rural St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Villa Jesus
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Ten Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sister Mary Casimir Lehmann
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased April 12, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Formosa - Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Sebastian Lehmann

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

14. Maiden name Catherine Briske

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

16. (a) Informant Sister M. Tolentine
 (b) Address 2000 Riverview Drive

17. (a) Burial (b) Date thereof June 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Villa Jesus Cemetery
C. Hoffmeister U. & L. Co.

18. (a) Signature of funeral director _____
 (b) Address 7816 S. BROADWAY St. Louis, Mo.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 12000 Riverview Drive
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12
 year 1945 hour 11 minute 55 P. M.
 21. I hereby certify that I attended the deceased from May 20
 1945 to June 11 1945
 that I last saw her alive on June 11 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic
 Due to Asthma

Due to 1930

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

Major findings: _____
 Of operations _____
 Of autopsy _____

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 J. H. [unclear] (M. D. or other) _____
 Address 5905 a groves Date signed 6/14/45

Duration 50/60 min
Swat line
PHYSICIAN
 Underline the cause to which death should be charged statistically.

10-1-
5005
Burrin

W. J. ...

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.