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

31464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1945

State File No. 0

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 2844

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Maplewood Nursing Home 4 (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 Mo (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4935 Arsenal St 9 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Mary Lehman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Phillip

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

7. Birth date of deceased JUNE (Month) 10 (Day) 1872 (Year)

8. AGE: Years 73 Months 3 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Holland Rotterdam 4 (City, town, or county) (State or foreign country)

10. Usual occupation Housework 1

11. Industry or business at Home

FATHER
12. Name Henry Spellman 4
13. Birthplace Holland 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Lehman 1

(b) Address 4935 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 8 (Day) 45 (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) 10-9-45 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1945 hour 4.30 PM minute ..... M.

21. I hereby certify that I attended the deceased from Sep 8, 1944, 1944, to Oct 4, 1945 that I last saw her alive on July 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis Hypertension

Due to 83 ad

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) .....

(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 H. M. Wiese MD (M. D. or other)

Address 2801 So. Kingshighway Date signed 10/5/45

707

(Licensed Embalmer's Statement on Reverse Side)

Dr Wiese

Pr 7422

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 Richard W Storzsand

Licensed Embalmer No. 4007

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.