. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39432

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11574

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1815 Michigan Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ob 19
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN T. LEMBECK

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Magdeline Lembeck
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 14 (Month) 1873 (Day) (Year)

8. AGE: Years 72 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Tailor
FATHER
12. Name John Lembeck 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Gesina Blomms 4
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Magdaline Lembeck
(b) Address 1815 Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31/45 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.
19. (a) DEC 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 27
year 1945 hour 6 00 minute A.M.
21. I hereby certify that I attended the deceased from June 15, 1941 to Dec 27, 1941
that I last saw him alive on Dec 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 83
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 Dr Clay Allen (M.D. or other)
Address 5912 S. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1946

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

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.