S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14940

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3542

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

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: NONE 8037 FREDERICK ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 30 YR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8037 FREDERICK ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED LEHMUTH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife KATE LEHMUTH

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

7. Birth date of deceased APRIL (Month) 12 (Day) 1863 (Year)

8. AGE: Years 83 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name LEHMUTH
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Edward Schlueter
(b) Address 8037 FREDERICK St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation SALEM LUTH. CEM.

18. (a) Signature of funeral director Diedrich F. HOME
(b) Address 8319 Halls Ferry Rd.

19. (a) APR 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16 year 1946 hour 5 30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to April 16, 1946 that I last saw him alive on April 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy or Cerebral ~~[illegible]~~ Hemorrhage ½ hour

Due to arterio Sclerosis

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) no
(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. H. F. Miller (M. D. or other)
Address 8410 N. Broadway Date signed 4/16/46

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.