. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
(National Office of Vital Statistics)

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25780

Primary Registration District No. 1003

Registrar's No. 2365

WRITE PLAINLY—USING 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: 5917 Washington Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 5917 Washington Ave 9
5 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ANTON LEHMAN

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bettina Cahn Lehman 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan (Month) 4 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Jewelry Salesman

11. Industry or business

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

MOTHER
14. Maiden name Bertha Hecht
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mr. L. Priebat
(b) Address 5917 Washington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 8/7/47
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) AUG 6 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1947 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from 1938, 19 to Aug 6, 1947 that I last saw him alive on Aug 4th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death heart failure	
c. decompensation	10 months
Due to Hypertension	20 years
Due to Arteriosclerosis	
Other conditions none (Include pregnancy within 3 months of death)	

95

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Kurt Mansbacher (M. D. or other)
Address 462 N. Taylor Date signed 8/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) KURT MANSBACHER

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.....John S. Demeh

Licensed Embalmer No.....4194

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.