No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29932

Registration District No. 37 — Primary Registration District No. 6076 — Registrar's No. 1698

1. PLACE OF DEATH:
(a) County: ST. LOUIS County
(b) City or town: MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESER Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 mos 24 days
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: ST. Louis 96
(c) City or town: Rural. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 4324 Randal Pl. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: THEKLA LEMBACH
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: 3 (Month) 19 (Day) 1873 (Year)
8. AGE: Years 72 Months 4 Days 18 If less than one day hr. min.
9. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business
12. Name (Father): Phillip LEMbach.
13. Birthplace (Father): HOLLAND (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Burkhart
15. Birthplace (Mother): 11 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Fred LEMBACH.
(b) Address: 4324 Randall Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 13 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MISSION San Antonio Texas
18. (a) Signature of funeral director: Prevost
(b) Address: 3710 N. Grand
19. (a) 8-11-47 (Date received by local registrar) (Cecil A. Sharp, M.D.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1947 hour 5:30 minute A M.
21. I hereby certify that I attended the deceased from April 14, 1947, to Aug 9, 1947, that I last saw her alive on Aug 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	
Due to: Heart arteriosclerosis	
Due to: Senility 93 yr	
Other conditions (Include pregnancy within 3 months of death)	

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: C H Denny (M. D. or other) Med
Address: Creve Coeur, Mo. Date signed: 8-9-47

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

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

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 Karl Morris

Licensed Embalmer No. 3360

P. O. Address 3710 N. Grand Blvd

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.