V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43249

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11423

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3805a Shenandoah 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 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

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

(d) Street No. 3805a Shenandoah Ave. 9
(If rural, give location)

17-

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Lehmann

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma Stiehl Lohmann

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

7. Birth date of deceased Jan (Month) 17 (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country) 1

16. (a) Informant Emma Stiehl Lohmann
(b) Address 3805a Shenandoah Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Bradeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1947 hour 5 minute 01 A M.

21. I hereby certify that I attended the deceased from October 28, 1947, to Dec 12, 1947
that I last saw him alive on Dec 12, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	18 mo
Due to mitral stenosis	years
Due to 92	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Burchard S Pruett (M. D. or other) MD
Address 6006 Virginia Av. Date signed 12-14-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. S. Pruett
6006 Virginia Ave.

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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, above space should be left blank.