

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(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, months or days)

3. (a) PRINT FULL NAME ALEXANDER LECHNER

3. (b) If veteran, name war W. War #1 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mae Lechner 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased December 28 1898
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Plumber's Helper

11. Industry or business _____

12. Name John Lechner

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ruschenburg

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Lechner

(b) Address 503a E. Espenschied

17. (a) burial (b) Date thereof 2/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) FEB 26 1948 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ono
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 503a E. Espenschied
Memorial (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1948 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2/12/48
_____ 19 _____ to Feb. 24th 19 48
that I last saw him im alive on Feb. 24th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of undet
etermined site
WITH METASTASIS

Other conditions TO NECK, Mediastinum
(Include pregnancy within 3 months of death)

Major findings:
Of operations AND pleura.
Of autopsy None

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?

While at work? _____ (Specify type of place) (A. Means of Injury)
23. Signature Joseph G. Bledsoe
1517 Lafayette Date signed 2/25/48
Address _____

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

MOTHER FATHER

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 VE Morris

Licensed Embalmer No. 3360

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.