

FILED MAY 15 1948

318

1003

Registration District No.

Primary Registration District No.

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: **St. Lukes Hosp** 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **14 days**
(Specify whether
In this community..... **10 da**
years, months or days) **14 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **Montgomery** 70
(c) City or town..... **Wellsville** 20
(If outside city or town limits, write "RURAL")
(d) Street No., **NR,**
(If rural, give location) 1
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Harry Lehnen**

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

4. Sex..... **M** 5. Color or race..... **W** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Margaret** 6. (c) Age of husband or wife if alive..... **58** years
7. Birth date of deceased..... **Feb 15 1883**
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **19** If less than one day
hr. min.

9. Birthplace..... **Montgomery Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business.....

12. Name..... **Daniel C Lehnen**

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

14. Maiden name..... **Carloine Hildebrand**

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

16. (a) Informant..... **Margaret Lehnen**

(b) Address..... **Wellsville, Mo**

17. (a) (Burial, cremation, or removal)..... **Burial** (b) Date thereof..... **5 9 48**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Wellsville, Mo**

18. (a) Signature of funeral director..... **Rowland Mortuary Service**

(b) Address..... **4104 Manchester Ave.**

19. (a) **MAY 1948** (Date received from Registrar) (b) **J. F. Bredack** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4th**
year **1948** hour **9** minute **15** A. M.

21. I hereby certify that I attended the deceased from **April 20 1948** to **May 14 1948**
that I last saw him alive on **May 3 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Congestive myocardial failure**
Due to..... **chr. myocarditis and arterio-sclerosis**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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)
(e) Means of injury.....

23. Signature..... **H. E. Newman** (M-D, or other) **M.D.**
Address..... **3720 Washington** Date signed..... **5-5-48**

Duration

2 wks.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.

8927

Signed J. Allen Davis
Licensed Embalmer No. 4053
P. O. Address St. Louis

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.