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

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 6 1948  
Registration District No. 377

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21724  
Registrar's No. 1390

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Halls Ferry Memorial Home #  
(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 Amelia Lehman  
3: (b) If veteran, name war No 3: (c) Social Security No. None

4. Sex Female 5. Color or race White 6: (a) Single, widowed, married, divorced Widow  
6: (b) Name of husband or wife John Lehman 6: (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 18 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business  
12. Name Thomas Hooss  
13. Birthplace Perryville Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Cadenbach  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16: (a) Informant Edna Brueggeman  
(b) Address 416 So. Kings Highway

17: (a) Burial (b) Date thereof 6-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Perryville, Mo.

18: (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 W. Washington Blvd.  
19: (a) 6-3-48 (b) Paul S. Sharp MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Perry 79  
(c) City or town Perryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1948 hour 10 minute 15 P.M.  
21. I hereby certify that I attended the deceased from November 7, 1947 to June 1, 1948  
that I last saw her alive on May 21, 1948  
and that death occurred on the date and hour stated above

Immediate cause of death	Duration
<u>Cerebral thrombosis</u>	<u>2 day</u>
Due to <u>A.S. Cardiovascular renal disease</u>	<u>5 yrs</u>
Due to _____	_____
Other conditions <u>Previous cerebral hemorrhage with left hemiplegia</u>	<u>2 yrs</u>
(Include pregnancy within 3 months of death)	
Major findings: Of operations _____	PHYSICIAN _____
Of autopsy _____	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) (e) Means of injury \_\_\_\_\_  
23. Signature Lewis Littmann MD (M. D. or other) MD  
Address 8231 Clayton Rd Date signed 6/2/48

**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. Pennek*  
.....  
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.**