No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 19 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38372

Registrar's No. 9768

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Vahle Manor Nursing Home 4

(If not in hospital or institution, write street number or location) 5904 Cates Ave.

(d) Length of stay: In hospital or institution 6 day's (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5958 Cates Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Lessmann

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 20, 1864 (Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Dressmaker

11. Industry or business

FATHER
12. Name Henry Lessmann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothea Soft
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Edna Niemeyer

(b) Address 5958 Cates Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Paschedag-Henke

(b) Address 2825 N. Grand Blvd.

19. (a) NOV 10 1948 (Date received local registrar) (b) J. B. Lanz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from September 16, 1946, to November 8, 1948; that I last saw her alive on November 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal pneumonia	2 days
Due to Pernicious anemia, uncontrolled Malnutrition	years
Due to Generalized arteriosclerosis	years

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 ---

Where did injury occur? ---

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) ---

While at work? --- (Specify type of place) (e) Means of injury ---

23. Signature W. Baumgartner M.D. (M. D. or other)

Address 3720 Washington Blvd. Date signed 11/9/48

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W Dietrich

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.