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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41621

Registrar's No. 11350

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

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:
5758 Lisette Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5758 Lisette Avenue
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Robert Lehrmann

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Hilde Feickert

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 11, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	9	17	hr. min.

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

10. Usual occupation Music Teacher

11. Industry or business Musician

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

MOTHER
14. Maiden name Emilie (Unknown)
15. Birthplace Berlin (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Hilde Lehrmann
(b) Address 5758 Lisette Avenue

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 12/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC.
(b) Address 1936 St. Louis Avenue

19. (a) DEC 30 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th, year 1948 hour 8: minute 50 P. M.

21. I hereby certify that I attended the deceased from 5-31, 1946, to 12-28, 1948 that I last saw him alive on 12-26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Chr. myocarditis	3yr.
Due to	
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

23. Signature Edwin P. Meiner (M. D. ~~or other~~)
Address 6651 Enright Ave. Date signed 12-29-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. P. Meiners,
6651 Enright Avenue

1:00 - 3:00 P.M.

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.