

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2325

318

REG. DIST. NO.

1003

Registrar's No. 49

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		a. STATE Missouri	
c. LENGTH OF STAY (in this place) life		b. COUNTY <i>St. L.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. STREET ADDRESS 16 - 2710 South Grand		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) William		January 27 1949	
b. (Middle) B			
c. (Last) Lahrmann			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 22 1884
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) purchasing agent	11. BIRTHPLACE (State or foreign country) St Louis Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Tobacco	12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME Wilhelm Lahrmann		13b. MOTHER'S MAIDEN NAME Elizabeth Lenck	14. NAME OF HUSBAND OR WIFE Alice Lahrmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alice Lahrmann 2710 South Grand
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1-8 hrs	
DUE TO (b) <i>Arteriosclerotic heart disease with acute coronary occlusion</i>		for years?	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none JHW	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none 4/20		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 1-1, 1949, to 1-2, 1949, that I last saw the deceased alive on 1-1, 1949 and that death occurred at 1:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Haumann M.D.		23b. ADDRESS 634 N. Grand, St. Louis Mo.	23c. DATE SIGNED 1-3-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/4/49	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 4 1949 J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE JL Ziegenhein & Sone 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

Mildred

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. J. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Graves*

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.