

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10308

State File No. 3092

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

9

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4317 Strodtmann Place</b>		d. STREET ADDRESS (If rural, give location) <b>4317 Strodtmann Place</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b>		b. (Middle) <b>C.</b>	
		c. (Last) <b>Lehn</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 4 1949</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Sept. 23, 1890</b>		9. AGE (In years last birthday) <b>58</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gustave Lehn</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Bailey</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Olinda Lehn</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <b>4317 Strodtmann Place</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Carcinoma of ascending Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>HfL</b>	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<b>Metastasis to liver and kidney</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>March 25, 1949</b> , to <b>Apr 4, 1949</b> , that I last saw the deceased alive on <b>April 4, 1949</b> , and that death occurred at <b>11:15 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>H A Lehmann MD.</b> (Degree or title)		23b. ADDRESS <b>4362 Warner Ave</b>	
23c. DATE SIGNED <b>4/5/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4-7-49.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 6 1949</b> <b>J. B. Casater</b>		ADDRESS <b>2161 E. Fair</b>	

**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.

Signed \_\_\_\_\_

*Harold L Burnley*

Licensed Embalmer No. \_\_\_\_\_

*4207*

P. O. Address \_\_\_\_\_

*St Louis Mo*

Signed \_\_\_\_\_  
Student Embalmer

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.