No. 300
10.48

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

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38977

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. 9934

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ill.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY: Villa Park
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ill., Villa Park
d. STREET ADDRESS (If rural, give location): 343 Wisconsin, Villa Park Ill.

3. NAME OF DECEASED (Type or Print)
a. (First): Gustave
b. (Middle): Lehmann
c. (Last):

4. DATE OF DEATH (Month) 11 - (Day) 17 - (Year) 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Sep.
8. DATE OF BIRTH: Aug 16 1885
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Gustave Lehmann.
13b. MOTHER'S MAIDEN NAME: Losephine Conrad
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk
(If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.: #328-18-0449
17. INFORMANT'S SIGNATURE OR NAME: Mr. Walter Lehmann
ADDRESS: 2576 Farrar

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of kidney — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): H7U
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 163X

22. *I hereby certify that I attended the deceased from* 5-14 *19* 49 *to* 11-17, *19* 49, *that I last saw the deceased alive on* 11-17-49, *19*____, *and that death occurred at* 5:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: James B Stubbs MD (Degree or title)
23b. ADDRESS: 1325 South Grand Blvd.
23c. DATE SIGNED: 11-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-49
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis MO

DATE REC'D BY LOCAL REG.: NOV 18 1949
REGISTRAR'S SIGNATURE: J B Fasalen
25. FUNERAL DIRECTOR'S SIGNATURE: Sullivan
ADDRESS: 2849 N. Euclid

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1954

AUG 25 1954

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.