

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18383

State File No.

4559

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St Louis, Mo		c. LENGTH OF STAY (in this place) 2 mo.		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		" 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.				d. STREET ADDRESS (If rural, give location) 5411 Nagel 0			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) -		c. (Last) Lenhardt		4. DATE OF DEATH (Month) (Day) (Year) May 22 1950	
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 21, 1894	
9. AGE (In years last birthday) 55		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) Switchman			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) St Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Lenhardt			13b. MOTHER'S MAIDEN NAME Frances Kluck		14. NAME OF HUSBAND OR WIFE Anna Lenhardt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I		16. SOCIAL SECURITY NO. 702-12-5245		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Lenhardt 5411 Nagel			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Aspd			
22. I hereby certify that I attended the deceased from Mar 23, 1950 , to May 22, 1950 , that I last saw the deceased alive on May 22, 1950 , and that death occurred at 8:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert A. Huckstep (Degree or title) M.D.G.				23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 5/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/25/50		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Bks, Mo.	
DATE REC'D BY LOCAL REG. MAY 23 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Sasser		ADDRESS 7027 Gravois	

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

1951 6. 11. 11

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address St. Louis

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.