

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21738**
5811

FILED JUL 13 1950

BIRTH NO. _____ REG. DIST. NO. **318** 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 MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2159	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 4339 OREGON 15	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PACIFIC HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) P.	c. (Last) LEMKE	4. DATE OF DEATH (Month) (Day) (Year) JULY 4 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 3, 1975	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPING	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) MISSOURI U	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Robert I. Lemke	13b. MOTHER'S MAIDEN NAME Wilhelmina Boenke	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME W M A. LEMKE	ADDRESS 4339 OREGON
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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		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE LYMPHATIC LEUKEMIA		
	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 NO	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? 20 Hi D
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22. I hereby certify that I attended the deceased from **JULY 2, 1950**, to **JULY 4, 1950**, that I last saw the deceased alive on **JULY 4, 1950**, and that death occurred at **4:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles H. Johnson M.D.	23b. ADDRESS 1755 So. Grand	23c. DATE SIGNED July 4, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, 20 Missouri
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DATE REC'D BY LOCAL REG. JUL 5 1950	REGISTRAR'S SIGNATURE J. P. Kuster	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	ADDRESS 2842 Meramec St. St. Louis, 18 Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe B. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 1249

2842 Meramec St.

P. O. Address. St. Louis, Missouri (18

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.