

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35035**
Registrar's No. **8410**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		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 town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 W. Stein				d. STREET ADDRESS (If rural, give location) 7416a Pennsylvania			
3. NAME OF DECEASED (Type or Print) SADIE		a. (First)		b. (Middle) KATHERINE		c. (Last) LEHMAN	
4. DATE OF DEATH Oct. 4, 1950		(Month) (Day) (Year)		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 26, 1897		9. AGE (In years last birthday) 53		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Blackwell, Missouri	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Ocan S. Politte		13b. MOTHER'S MAIDEN NAME Leona Labruyer		14. NAME OF HUSBAND OR WIFE Franklin T. Lehman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Robert T. Lehman		ADDRESS 261 Baumann Lemay, Mo.	
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) Carcinoma of sigmoid ANTECEDENT CAUSES (b) with metastases to Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Sweet's Lung DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 yrs 8 mos	
19a. DATE OF OPERATION 2/23/47		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid				20. AUTOPSY? YES <input 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? 153X		22. I hereby certify that I attended the deceased from Feb, 1947 , to Oct, 1950 , that I last saw the deceased alive on 2 Oct, 1950 , and that death occurred at 2:30 P.m. , from the causes and on the date stated above.			
23. SIGNATURE William F. McNamee MD		(Degree or title)		23b. ADDRESS 7619a Gray Ave		23c. DATE SIGNED 6 Oct 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Mt. Olive Road, Lemay, Mo.	
DATE REC'D BY LOCAL OFFICE OCT 6 1950		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS U. & L. Co. 7814 So. Broadway, St. Louis, Mo	

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

APR 17 1951

no for. on skin.
7619a driver
Apr. 22 37'

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

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.