

THE UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3078

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) Lemay
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 8315 Morganford Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY ST LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) Lemay,
d. STREET ADDRESS (If rural, give location) 8315 Morganford Road 0

3. NAME OF DECEASED
a. (First) Sophie b. (Middle) K. c. (Last) Lahrmann

4. DATE OF DEATH
(Month) Dec. (Day) 18 (Year) 1950

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept 26, 1862

9. AGE (In years last birthday) 88
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 Mtn. Hours _____ Mtn. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Doose

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Wm. F. Lahrmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene Lahrmann, 8315 Morganford Rd.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH
3 days
?
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
none

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)
St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1933, to Dec 18, 1950, that I last saw the deceased alive on Dec 18, 1950, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Max Stauff MD 0

23b. ADDRESS 512 Dowd Place

23c. DATE SIGNED 12/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 21, 50

24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran

24d. LOCATION (City, town, or county) (State) Lemay

DATE REC'D BY LOCAL REG. 12-20-50

REGISTRAR'S SIGNATURE Herbert R. Donike MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sendler Und. Co, 7420 Michigan Ave.

RWK (Licensed Embalmer's Statement on Reverse Side)

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

1000

Dr. St. ...
512 ... Pl.

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 _____

working under my personal supervision.

Student Embalmer No.

W. E. Morris

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. **3360**

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.