

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1951

State File No. 764

BIRTH NO. _____		REG. DIST. NO. 111		PRIMARY REG. DIST. NO. 54-26		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boles		c. LENGTH OF STAY (In this place) 60 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boles		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pillmann Road				d. STREET ADDRESS (If rural, give location) Pillmann Road			
3. NAME OF DECEASED (Type or Print) Emilie		a. (First) R.		c. (Last) Lehmann		4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH Feb. 13, 1863	
9. AGE (In years, last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 12 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 Own home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Huncke		13b. MOTHER'S MAIDEN NAME Johanna Engeling		14. NAME OF HUSBAND OR WIFE Mathias Lehmann			
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 Fred Lehmann, Chesterfield, Mo. R#1			
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) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS 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 4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____			
22. I hereby certify that I attended the deceased from JAN - 15, 1950, to JAN. 6, 1951, that I last saw the deceased alive on JAN. 6, 1951, and that death occurred at 3:40P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B.R. Loving, M.D.D.				23b. ADDRESS Ballwin, Mo.		23c. DATE SIGNED 1-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/9/51		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery,		24d. LOCATION (City, town, or county) (State) Pond, Mo.	
DATE REC'D BY LOCAL REG. 1/1/51		REGISTRAR'S SIGNATURE Mary B. Gross 94		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Fun'l Home, Ballwin, Mo.			

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

0360

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 17 1951

RECEIVED

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.

Signed.....
Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, Mo*

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.