

FILED SEP 26 1951

STANDARD CERTIFICATE OF DEATH

No. **81196**
State File No.

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **190**

1. PLACE OF DEATH
 a. COUNTY **St. Charles**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Charles**
 c. LENGTH OF STAY (in this place) **Life**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **521 North Fourth**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **St. Charles**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Charles**
 d. STREET ADDRESS (If rural, give location) **521 North Fourth Street**

3. NAME OF DECEASED
 a. (First) **Mary** b. (Middle) **Katherine** c. (Last) **Lehker**
 4. DATE OF DEATH (Month) (Day) (Year) **September 16, 1951**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed 2** **8. DATE OF BIRTH** **July 20-1861** **9. AGE** (In years last birthday) **90** IF UNDER 1 YEAR: Months **1** Days **26** IF UNDER 1 HRs. Hours **1** Mins. **26**

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. Charles, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Henry Meinershagen** **13b. MOTHER'S MAIDEN NAME** **Katherine Hulsik** **14. NAME OF HUSBAND OR WIFE** **Victor Lehker dec'd**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **NIL** **16. SOCIAL SECURITY NO.** **NIL** **17. INFORMANT'S SIGNATURE OR NAME** **Gus Schroer (son)** **ADDRESS** **St. Charles, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Urema**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Chronic Glomerular Nephritis**
 DUE TO (c) **Arteriosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Semility
INTERVAL BETWEEN ONSET AND DEATH
4 days
?
?

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **446X** **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)** _____

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 **Sept 14, 1949**, **1949** to **Sept 16, 1951**, that I last saw the deceased alive on **Sept 16, 1951**, and that death occurred at **3:55 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** **23b. ADDRESS** **St. Charles Mo** **23c. DATE SIGNED** **9-17-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Sept 19-1951** **24c. NAME OF CEMETERY OR CREMATORY** **St. John Ev. Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Charles, Missouri**

DATE REC'D BY LOCAL REG. **9-21-51** **REGISTRAR'S SIGNATURE** **[Signature]** **25. FUNERAL DIRECTOR'S SIGNATURE** **A.C. Dallmeyer + Sons Co** **ADDRESS** **800 N 2nd St. Charles, Mo.**

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

923

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 24 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 Herbert C. Gallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.