

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40125

State File No. ....

FILED DEC 8 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 369 Registrar's No. 3805

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1422 Big Bend</b>		d. STREET ADDRESS (If rural, give location) <b>1422 Big Bend</b>	

3. NAME OF DECEASED (Type or Print) <b>Sallie Whitaker Lehman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 22 51</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/27/64</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>25</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>		11. BIRTHPLACE (State or foreign country) <b>St Clair Co., Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Whitaker</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Penn</b>	14. NAME OF HUSBAND OR WIFE <b>George E. Lehman Dec'd</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walter I. Moon</b>	ADDRESS <b>1422 Big Bend</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Senility</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	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4500</b>
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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?
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22. I hereby certify that I attended the deceased from March 48, 1951, to 11/22/51, 1951, that I last saw the deceased alive on 11/22/51, 1951, and that death occurred at 8:30P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Walter I. Moon</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>634 No Grand</b>	23c. DATE SIGNED <b>11/24/51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>11/25/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-25-51</b>	REGISTRAR'S SIGNATURE <b>Robert J. Ambruster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert J. Ambruster, Inc.</b>	ADDRESS <b>6633 Clayton Rd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

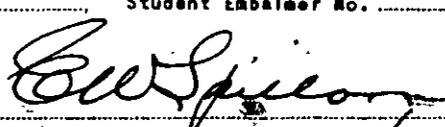
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4080

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.