

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

REC'D AUG 15 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7168**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2249</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>24</u> <u>2813 S. 7th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2813 S. 7th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Lehrmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7/25/52</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>7</u>	8. DATE OF BIRTH <u>Apr. 8, 1883</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Beer Bottler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Busch Brewery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> <u>0</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Unknown Lehrmann</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Augusta Lehrmann--</u>
		ADDRESS <u>2813 S. 7th St.</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u>		<u>5 years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Metastasis to lung</u>		<u>3 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1946</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid</u>	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? <u>153X</u>

22. I hereby certify that I attended the deceased from 3-10, 1946, to 7-25, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Jones</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3616 S. Boling, St. Louis</u>	23c. DATE SIGNED <u>7-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>

DATE REC'D BY LOCAL REG. <u>JUL 26 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Hilderle</u>	ADDRESS <u>3634 Gravois</u>
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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 \_\_\_\_\_

*Frank J. Hand Sr.*

Licensed Embalmer No. 2645

P. O. Address. St. Louis

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.