

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30354

State File No. ....

FILED AUG 30 1952

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2200

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SHREWSBURY</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SHREWSBURY</u> - <u>4561</u>                                 |  |
| c. LENGTH OF STAY (In this place) <u>4 1/2 years</u>   |  | d. STREET ADDRESS (If rural, give location) <u>7726 LANSDOWNE AV<sup>o</sup></u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7726 LANSDOWNE</u>                                  |  |  |  |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>R.</u> c. (Last) <u>LEMBERGER</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 19 1952</u> |   |  |
| 5. SEX <u>FEMALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>                    |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED - 2</u>     |  |
| 8. DATE OF BIRTH <u>NOV. 30, 1863</u>  |  | 9. AGE (In years last birthday) <u>88</u>        |   | 10. MONTHS <u>8</u> YEARS <u>8</u> DAYS <u>8</u> HOURS <u>8</u> MIN.          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>SHREWSBURY, MO. - 0</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |  |   |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>IGNATIUS MEYER</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u> |  | 14. NAME OF HUSBAND OR WIFE <u>JOHN LEMBERGER</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>NONE</u>        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN LEMBERGER, HOUSE SPRINGS MO.</u> |  |

|  |  |                        |  |  |                                  |
|--|--|------------------------|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>   |  | DUE TO (b) <u>7955</u> |  |  | <u>unk</u>                       |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)             |  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |  |
| 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) (Min.) |  | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |  |  |                                 |  |
|--|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) |  | 23b. ADDRESS <u>651 S. Brentwood, Mayton</u> |  | 23c. DATE SIGNED <u>8-22-52</u> |  |
|--|--|--|--|---------------------------------|--|

|   |  |                               |  |  |  |   |  |
|---|--|-------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> |  | 24b. DATE <u>AUG 22, 1952</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>SS. PETER &amp; PAUL CEM -</u> |  | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> |  |
|---|--|-------------------------------|--|--|--|---|--|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>8-21-52</u> |  | REGISTRAR'S SIGNATURE <u>Herbert R. Domke M.D.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Croghan 7146 MANCHESTER AV.</u> |  |
|---|--|--|--|---|--|

524 (Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS, MO -

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

DEC 10 1953

MAR 23 1956

**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 Ronald O Yabake

Licensed Embalmer No. 3917

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.