

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11891**
Registrar's No. **2598**

FILED MAR 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5156 St. Louis Avenue		d. STREET ADDRESS (If rural, give location) 6 5156 St. Louis Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) E. c. (Last) Lefmann		4. DATE OF DEATH (Month) (Day) (Year) 3 - 9 - 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6 - 10 - 1885 9. AGE (In years last birthday) 67 If under 1 year: Months Days If under 1 week: Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY Coal Co.	11. BIRTHPLACE (City and State or Foreign Country) Stanton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown Lefmann	
13b. MOTHER'S MAIDEN NAME Barbara unknown		14. NAME OF HUSBAND OR WIFE Olivia J. Lefmann	
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. 493-10-6976	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Olivia J. Lefmann		ADDRESS 5156	
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 St. Louis Ave. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis strictly hypertensive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right cerebral hemorrhage 3 yrs DUE TO (c) -	
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 3 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	
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? 331X		22. I hereby certify that I attended the deceased from 4-15-50, 1950, to 3-9 , 1953, that I last saw the deceased alive on 3-8 , 1953 and that death occurred at 3:45 A. , from the causes and on the date stated above.	
23a. SIGNATURE Richard C. Fimmel M.D.		23b. ADDRESS (Degree or title) St. Louis, Mo	
23c. DATE SIGNED 3-9-53		24. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/11/53	
24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 9 1953		25. FUNERAL DIRECTOR'S SIGNATURE Rahmann-Harral	
25. ADDRESS 1905 Union Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richard Kimmel
5146 St. Louis Ave.

James H. S. O'K 4-7

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 Warren A. Carver

Licensed Embalmer No. 3534

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.