

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26625**
Registrar's No. **6214**

FILED AUG 12 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chesterfield, Rt. # 1740	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Olive St. Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's			

3. NAME OF DECEASED (Type or Print) a. (First) Anthony	b. (Middle) F.	c. (Last) Lehmann	4. DATE OF DEATH (Month) (Day) (Year) June 21 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1892	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months 10 Days 29	11. UNDER 1 MIN. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Lehmann	13b. MOTHER'S MAIDEN NAME Lois Bernard	14. NAME OF HUSBAND OR WIFE Clara Lehmann
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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) No	16. SOCIAL SECURITY NO. 499-12-105	17. INFORMANT'S SIGNATURE OR NAME Clara Lehmann ADDRESS Missouri Rt. 1, Chesterfield
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction - posterior		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 checked="" type="checkbox"/> NO <input 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)
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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 4201
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22. I hereby certify that I attended the deceased from **6-18, 1953**, to **6-21, 1953**, that I last saw the deceased alive on **6-21, 1953**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harvey W. Noller, M.D. (Degree or title)	23b. ADDRESS Chesterfield, Mo	23c. DATE SIGNED 6/22/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-53	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Ev. Luth.	24d. LOCATION (City, town, or county) (State) Orville, Missouri
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DATE REC'D BY LOCAL REG. JUN 22 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Schrader ADDRESS Funeral Home, Ballwin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

USE PREVIOUS EDITIONS OF THIS FORM. 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

Ben E. Hoffman

Licensed Embalmer No. *4366*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.