

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41690

State File No. _____

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3026

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pond</u>		c. LENGTH OF STAY (in this place) <u>68 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Pond</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 50</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 50</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21 1953</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johann</u> b. (Middle) <u>Andreas</u> c. (Last) <u>Lehmann</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Mar. 31 1885</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Co. H'way. Dept.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Johann Lehmann</u>	
13b. MOTHER'S MAIDEN NAME <u>Louisa Bernhardt</u>		14. NAME OF HUSBAND OR WIFE <u>never married</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>494-09-6646</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lydia Zinser</u>		ADDRESS <u>Rt 1, Glencoe, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction, acute</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Coronary artery disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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) <u>Pond St. Louis, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>Dec. 19 48</u> , to <u>Nov 14</u> , 1953, that I last saw the deceased alive on <u>Nov 14</u> , 1953, and that death occurred at <u>7:15 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James E. Meeger, MD</u>		23b. ADDRESS <u>Ballwin Mo.</u>	
23c. DATE SIGNED <u>Nov 21 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pond Mo.</u>		DATE REC'D BY LOCAL REG. <u>11-24-53</u>	
REGISTRAR'S SIGNATURE <u>Herbert R. Domb M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u>	
ADDRESS <u>Ballwin, Mo.</u>		52 (Licensed Embalmer's Statement on Reverse Side)	

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 Richard Bupp.....

Licensed Embalmer No. 4584.....

P. O. Address Bellew, Mo.....

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.