

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **276**
 BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **149**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 47 yrs	c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3013 Sylvania Street			e. STREET ADDRESS (If rural, give location) 3013 Sylvania Street 0117		
3. NAME OF DECEASED (Type or Print) a. (First) Edwin		b. (Middle) Henry	c. (Last) Lahrman	4. DATE OF DEATH (Month) (Day) (Year) February 9, 1954	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 6, 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Salesman		10b. KIND OF BUSINESS OR INDUSTRY Investment Bankers	11. BIRTHPLACE (City and State or Foreign Country) Pekin, Illinois.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Lahrman		13b. MOTHER'S MAIDEN NAME Dorthea Stahlhut	14. NAME OF HUSBAND OR WIFE Josephine Lahrman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO. 493-18-7600-A	17. INFORMANT'S SIGNATURE OR NAME Josephine Lahrman ADDRESS St. Joseph, Mo.		
18. CAUSE OF DEATH (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) Chronic Cardiovascular Disease.	ANTECEDENT CAUSES			Unknown	
DUE TO (b) 	DUE TO (c) 				
II. OTHER SIGNIFICANT CONDITIONS man was a scientist and has not been under recent medical care	CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH				
19a. DATE OF OPERATION 7/2/54	19b. MAJOR FINDINGS OF OPERATION 422T			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?			
22. I hereby certify that I attended the deceased from 2/9 19 54 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:50A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)			23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 2/9/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Febr. 11, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		
DATE REC'D BY LOCAL REG. Feb 12, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Muecherhoffer-Bleeman, Inc. ADDRESS St. Joseph, Mo.		

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 *** ****
Signature of Student Embalmer

Signed *Robert E. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.