

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24853**  
Registrar's No. **6272**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>24 1956 Provenchere</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) c. (Last) <b>Lestmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 10 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 9 1879</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Custodian</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Julius Lestmann</b>	
13b. MOTHER'S MAIDEN NAME <b>Pauline Meyer</b>		14. NAME OF HUSBAND OR WIFE <b>Frieda</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Frieda Lestmann</b>		ADDRESS <b>1956 Provenchere</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis acute generalized</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>perforated diverticulum of colon</b> DUE TO (c) <b>Diverticulosis of colon</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>		<b>48 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>5721</b>	
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>54</u> , to <u>July 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 9</u> , 19 <u>54</u> and that death occurred at <u>2:15 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edward W. Gehrhardt M.D.</b>		23b. ADDRESS <b>3701 Grandel St.</b>	
23c. DATE SIGNED <b>7/10/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/11/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peter &amp; Paul</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
DATE REC'D BY LOCAL REG <b>JUL 12 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. Schumacher 3013 Meramec</b>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

Dr. Edwin C. Gilmartin  
3701 Grandview

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.....

*Jack Haupt*

Licensed Embalmer No. 4746

P. O. Address H. P. Jones 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.