

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5446 Registrar's No. 1836

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Overland
c. LENGTH OF STAY (in this place) NEVER
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Overland Restorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis Co.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 1301
d. STREET ADDRESS (If rural, give location) 1571 Wellston Ave.,

3. NAME OF DECEASED
a. (First) CARRIE
b. (Middle)
c. (Last) LEHNEN

4. DATE OF DEATH
(Month) (Day) (Year)
July 26, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 18, 1866

9. AGE (In years, last birthday) 88
If under 1 year: Months Days
If under 1 min. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY Unk.

11. BIRTHPLACE (State or foreign country) ? Iowa.

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME August Sudbrack

13b. MOTHER'S MAIDEN NAME Don't Know

14. NAME OF HUSBAND OR WIFE Otto Lehnen Dec.

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester Lehnen, 1571 Wellston Ave.

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) Terminal Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH
3 days
6 mos.
years.
years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO [X]

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1954 to 7-26-54, 1954, that I last saw the deceased alive on 7-25, 1954, and that death occurred at 1:05 P.M. from the causes and on the date stated above.

23a. SIGNATURE Roy A. Waether Sr. M.D.

23b. ADDRESS Overland 14 Mrs.

23c. DATE SIGNED 7-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE July 28, 1954

24c. NAME OF CEMETERY OR CREMATORY Wellsville Cem.,

24d. LOCATION (City, town, or county) (State) Wellsville, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 7/27/54 Herbert S. Lamborn

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,

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

Dr. Roy Walters

Overland, Mo. 2438 Woodlawn
Ave

W.L. 025-6

✓ 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Alfred J. Boedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.