

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21615

State File No. _____

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles	c. LENGTH OF STAY (in this place) 77 days	c. CITY OR TOWN Rural-St. Chas. twsp.	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> A
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital		e. STREET ADDRESS (If rural, give location) Mt. R. R. # 2 0921	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) David	b. (Middle) L.	c. (Last) Lehman	(Month) June	(Day) 28	(Year) 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 27, 1871	9. AGE (In years last birthday) 85	10. MONTHS 4	11. DAYS 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Lehman	13b. MOTHER'S MAIDEN NAME Christina ?	14. NAME OF HUSBAND OR WIFE Edith Lee Meyer
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. O. H. Weitkand, St. Charles, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia			2 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lympho Sarcoma			3 mo
DUE TO (c) Benign prostatic Hypertrophy			5 yr
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 2001	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?
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22. I hereby certify that I attended the deceased from Nov 1953, to June 28, 1956, that I last saw the deceased alive on June 27, 1956, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. H. Poggenier (Degree or title) M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED June 28, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 30, 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery.	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. June 28 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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(Licensed Embalmer's Statement on Reverse Side)

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

9987 28 730

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 *Frank R. Qualong* Licensed Embalmer No. *480* P. O. Address *St. Charles*

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.