No. 300
10-48

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

FILED OCT 16 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 35810

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8499

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5786 W. Florissant

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5786 W. Florissant

**3. NAME OF DECEASED** (Type or Print): a. (First) J. b. (Middle) Harry c. (Last) Lehmuth

**4. DATE OF DEATH** (Month) 9 (Day) 12 (Year) 1956

**5. SEX:** Male **6. COLOR OR RACE:** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married **8. DATE OF BIRTH:** 10/24/79 **9. AGE** (In years last birthday): 76 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): Manager
**10b. KIND OF BUSINESS OR INDUSTRY:** Kroger Stores
**11. BIRTHPLACE** (City and State or Foreign Country): Black Jack, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** Frederick Lehmuth
**13b. MOTHER'S MAIDEN NAME:** Marie - unknown
**14. NAME OF HUSBAND OR WIFE:** Cecile Lehmuth

**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.:** 493-03-1084
**17. INFORMANT'S SIGNATURE OR NAME:** A Mrs. Cecile Lehmuth **ADDRESS:** 5786 W. Florissant

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction Myocardium — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart
DUE TO (c) Disease

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:** 420.0
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec 10, 1955 *to* 13 Sept, 1956, *that I last saw the deceased alive on* Aug 15, 1956, *and that death occurred at* 9:45 a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** H. H. Siessener **(Degree or Title)** MD **23b. ADDRESS** 6000 W Florissant **23c. DATE SIGNED** 9-14-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal **24b. DATE:** 9/15/56 **24c. NAME OF CEMETERY OR CREMATORY:** Laurel Hill Gardens **24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

**DATE REC'D BY LOCAL REG.:** SEP 14 1956 **REGISTRAR'S SIGNATURE:** J. Earl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS:** Drehmann-Harral, 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. H. Siesener
6000 W. Florissant
Hrs. 11-12 and 1-4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.