

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44939

State File No. ....

FILED JAN 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2858

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Welston, Mo.</u>		c. LENGTH OF STAY (in this place) <u>19</u> d. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock Wood Manor</u>		e. STREET ADDRESS (If rural, give location) <u>6010 Leona</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helene</u> b. (Middle) <u>Lehmann</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Richard Volland</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina (unk)</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Lehmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hildegard Gaffney</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u> <u>2 years</u> <u>unknown</u>
	ANTECEDENT CAUSES DUE TO (b) <u>chronic myocardiopathy</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>arteriosclerosis</u>		
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 _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12-27, 1956, to 12-1, 1956, that I last saw the deceased alive on 12-1, 1956 and that death occurred at 10P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Farley D.D.</u> (Degree or title) _____	23b. ADDRESS <u>26673 Lullain St. St. Louis, Mo.</u>	23c. DATE SIGNED <u>12-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-4-56</u>	REGISTRAR'S SIGNATURE <u>Hebecl R. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	ADDRESS <u>6322 S. Grand, St. Louis, Mo.</u>
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(Licensed Embalmers' Signatures on Reverse Side)

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

Dr. Farley  
Lillian at Jennings Rd.  
230 to 4n

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**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 *David Van Fossen*.....

Licensed Embalmer No. *424*.....

P. O. Address *5. Lewis*.....

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.