

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011920

STATE FILE NUMBER

FILED MAR 19 1958

318

1003

Registrar's No. 2128

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City		Length of stay in 1b 1 day	d. STREET ADDRESS 3225 N. Florissant		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anna Lehman			4. DATE OF DEATH Month Day Year Feb. 21st 1958		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1884		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Maysville Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Lehman			14. MOTHER'S MAIDEN NAME Dorothy Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Elizabeth Nordlohne 304 N. Skinker		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Brauche Pneumonia</i> <i>Fracture of Right Femur;</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Suffered when she fell in</i>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. WHERE AND HOW INJURY OCCURRED. (Enter name of street in front of building, if any) <i>3225 N. Florissant, upper line</i>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 2 20 68 p. m. 1958		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20e. CITY, TOWN, OR LOCATION <i>Home</i> <i>St. Louis Mo. E904 2V</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <i>St. Louis Mo. E904 2V</i>			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <i>5:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>James M. Kelly Embler</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>2-22-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-21-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>		
24. FUNERAL DIRECTOR Address <i>Arthur J. Donnelly 3840 Lindell Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 24 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Francis Williamson

Licensed Embalmer No. 35

P. O. Address 3840 Le

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