

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037965  
STATE FILE NUMBER

FILED OCT 17 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9518

|  |                           |   |  |  |  |
|--|---------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |                           | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN St. Louis  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br>09 DePaul Hosp.  |                           | Length of stay in 1b<br>206 1/2   |  | d. STREET ADDRESS (If outside, give location)<br>3428 Williams Pl.<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>Florence Lehmburg   |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>Oct. 3, 1958 |  |  |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Jan. 16, 1882                  | 9. AGE (In years last birthday)<br>76  | IF UNDER 1 YEAR<br>Months 8 Days 17                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>At Home   |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo. 0   |  |
| 13a. FATHER'S NAME<br>John J. Brown  |                           | 13b. MOTHER'S MAIDEN NAME<br>Catherine Adams  |  | 14. NAME OF HUSBAND OR WIFE<br>Werner  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                           | 16. SOCIAL SECURITY NO.<br>No   |  | 17. INFORMANT<br>Address<br>John L. Lehmburg 6139 Magnolia   |  |
| 18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i><br>DUE TO (b) <i>Arterio-sclerotic heart disease</i><br>DUE TO (c) <i>420.0</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>Cerebral hemorrhage or thrombosis; arsenic delirium.</i> |                           |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>???</i><br><i>???</i> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                           | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                           |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. I attended the deceased from Death occurred at <i>August 4, 1958</i> to <i>October 3, 1958</i> and last saw her alive on <i>10-3-58</i><br><i>11:35</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |  |  |  |
| 22a. SIGNATURE<br><i>Edward H. Stone M.D.</i>  |                           | 22b. ADDRESS<br><i>2435 N. Grand Blvd</i>   |  | 22c. DATE SIGNED<br><i>10-4-58</i>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 23b. DATE<br>10/6/58  |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery   |  |
|  |                           |   |  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.  |  |
| 24. FUNERAL DIRECTOR<br>Chas. F. Stuart 1225 Union Bl.   |                           | 25. DATE RECD. BY LOCAL REG.<br>OCT 6 '58   |  | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith M.D.</i><br><i>m &amp; B.</i>   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Stanley H. Aiton* .....  
Licensed Embalmer No. *4193* .....  
P. O. Address *[Signature]* .....

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.