Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041860

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11012

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP #1 Length of stay in lb 25
d. STREET ADDRESS (If outside, give location) 1734 WASHINGTON Milner Hotel Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 225 Milner Hotel

3. NAME OF DECEASED (Type or print) First JACOB Middle Last LEHEN

4. DATE OF DEATH Month Day Year NOV. 15, 1958

5. SEX Male 0
6. COLOR OR RACE white
7. ~~MARRIED~~ ☐ ~~NEVER MARRIED~~ ☐ WIDOWED ☒ 2 ~~DIVORCED~~ ☐
8. DATE OF BIRTH Sept 7, 1880
9. AGE (In years last birthday) 78 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) Expressman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) St Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Lehen
13b. MOTHER'S MAIDEN NAME Margaret Oldmeyer
14. NAME OF HUSBAND OR WIFE Tillie

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. 497-09-2414
17. INFORMANT Mrs Ella Elixondor, Omaha, Neb Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease
DUE TO (c) Right middle cerebral artery thrombosis
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) 443X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11/8/58, to 11/15/58 and last saw her/him alive on 11/15/58
Death occurred at 12:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. Kennedy, M.D.
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 11/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-17-1958
23c. NAME OF CEMETERY OR CREMATORY Holy Cross
23d. LOCATION (City, town, or county) St Clair Co (State) Illinois

24. FUNERAL DIRECTOR [signature] ADDRESS E. St Louis Ill
25. DATE RECD. BY LOCAL REG. NOV 17 '58
26. REGISTRAR'S SIGNATURE Karl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 3162

P. O. Address P. ST Louis D

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.