Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041861
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11142

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 5752 Westminister — Length of stay in 1b 21 yrs. 1159

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5752 Westminister — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First NORA Middle Last LEHMANN

4. DATE OF DEATH Month Nov. Day 18 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH May 6, 1929
9. AGE (In years last birthday) 29 — 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) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Teaching
11. BIRTHPLACE (City and state or country) Germany 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Justin Lehmann
13b. MOTHER'S MAIDEN NAME Suse Jeremias
14. NAME OF HUSBAND OR WIFE

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. 396-24-7001
17. INFORMANT Justin Lehmann Address 5752 Westminister

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) Gunshot wound of Heart — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) E976 X
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the cause given in PART I. Shot himself in the Westminister about 735 pm. 5752

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in 18 or PART II of item 18) While suffering from temporary mental aberration.
20c. TIME OF INJURY Hour 735 p.m. Month, Day, Year 11 18 58
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.) Home
20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 7:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick C. Taylor (Degree or title) Coroner 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 11.19.58

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.
23b. DATE 11/19/58
23c. NAME OF CEMETERY OR CREMATORY Brith Sholom
23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson
25. DATE RECD. BY LOCAL REG. NOV 19 '58
26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 3988

P. O. Address .....

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.