

THE DIVISION OF HEALTH AND HIGIENE
STANDARD CERTIFICATE OF DEATH

58-1049665
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12682

FILED JAN 14 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4647 Tower Grove Place</u>		d. STREET ADDRESS (If outside, give location) <u>4647 Tower Grove Place</u>	
3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle <u>B.</u> Last <u>Lemen</u>		4. DATE OF DEATH Month <u>December</u> Day <u>30</u> Year <u>1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 3 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>		10b. KIND OF BUSINESS OR OFFICE <u>Fire Chief Office</u>	9. AGE (In years last birthday) <u>64</u>
11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elmer Berkey</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Zenk</u>	
14. NAME OF HUSBAND OR WIFE <u>Jos. James Lemen (Deceased)</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>494-36-4780</u>		17. INFORMANT <u>Miss Marian Lemen, 4647 Tower Grove Place</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Cordiac Decompensation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>			INTERVAL BETWEEN ONSET AND DEATH <u>one day</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>July 1951</u> to <u>Dec. 1958</u> and last saw ^{her} _{him} alive on <u>Dec. 26, 1958</u> Death occurred at <u>839 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert M. Louch, M.D.</u>		22b. ADDRESS <u>4952 Maryland</u>	
22c. DATE SIGNED <u>30 Dec 1958</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal via Motor</u>	
23b. DATE <u>Dec. 31, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Collinsville</u>		23e. STATE <u>Illinois</u>	
24. FUNERAL DIRECTOR <u>Math Hermann & Son, Inc., 2161 E. Fair</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 30 58</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> <u>mjb</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

AUG 10 1958

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 *W. W. [Signature]*

Licensed Embalmer No. *3737*
P. O. Address *St. Louis, Mo.*

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.