

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003204

STATE FILE NUMBER

FEB 10 1959

Registration District No.

Primary Registration District No.

Registration No.

637

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sappington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 2211 Denny Rd.	
3. NAME OF DECEASED (Type or print) First August Middle J. Last Lehnig			4. DATE OF DEATH Month Jan. Day 18, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1905	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (City and state or country) Kanth, Germany 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Loehnig		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mary Lehnig		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-05-0612	
17. INFORMANT Address Sappington, 2211 Denny Rd. Mo.		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>Internal Hemorrhage</i> DUE TO (b) <i>Ruptured Spleen</i> DUE TO (c) <i>Suffered when car operated</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Enter only one cause per line for (a), (b), and (c).) <i>deceased went out of control and struck object in front of about 815 Bates St., about 9:45 p.m., January 18, 1959.</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter only one injury if PART or PARTIAL of item 18.) <i>Internal car struck object in front of about 815 Bates St., about 9:45 p.m., January 18, 1959.</i>	
20c. TIME OF INJURY Hour 9:45 a.m. Month, Day, Year 1. 18. 59		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.) 155 1/2 Street	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo.		STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Patrick Taylor Caroue</i>		(Degree or title)		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 1. 19. 59.		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/22/59	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) St. Louis, County, Mo.		(State)	
24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St.		ADDRESS		25. DATE RECD. BY LOCAL REG. JAN 19 '59	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> mrb					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Continued

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 *Jack Haupt*
Licensed Embalmer No. *4746*
P. O. Address *St. Louis*

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.