

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019366

STATE FILE NUMBER

2 5174

FILED JUN 11 1959

Registration District No.

Primary Registration District No.

Registered

No. 5174

300

-57

87

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>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Johns</u>		d. STREET ADDRESS (If outside, give location) <u>4731 BESSIE COURT</u>	
Length of stay in lb <u>2 WKS</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Frank</u> Middle <u>W.</u> Last <u>Lahmeyer</u>		4. DATE OF DEATH Month <u>5</u> Day <u>29</u> Year <u>1959</u>	
(Type or print) <u>FRANK W. LAHMEYER</u>			
5. SEX <u>MALE</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>Feb 28, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUS DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service</u>	9. AGE (In years last birthday) <u>59</u>
11. BIRTHPLACE (City and state or country) <u>BLAND, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>LAHMEYER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE WILKINS</u>	
14. NAME OF HUSBAND OR WIFE <u>LILLIAN (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>494-01-1020</u>	
17. INFORMANT <u>MRS. MAY RUFFER</u>		Address <u>7511 Devonshire St. Louis</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> DUE TO (b) <u>Arteriosclerotic Coronary Thrombosis</u> DUE TO (c) <u>420.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>1961</u> to <u>5-29-59</u> and last saw her alive on <u>5-28-59</u>		Death occurred at <u>12:03 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Carl J. Lee M.D.</u> (Degree or title)		22b. ADDRESS <u>80 Kings Highway</u>	
22c. DATE SIGNED <u>5-29-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>6/1/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL Ceme Tery</u>		23d. LOCATION (City, town, or county) (State) <u>KIRKWOOD, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>R. H. Bapp, Inc</u> ADDRESS <u>131 W ARCONNE DRIVE</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 29 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>			

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 Francis J. Myland Jr  
Licensed Embalmer No. 4512  
P. O. Address Richwood, 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.