URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 9 1959

59-042142

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210085

MENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Alexian Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3129 Meramec — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Lehr

4. DATE OF DEATH Month Oct. Day 31 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Oct. 29, 1898

9. AGE (last birthday) 61

IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber

10b. KIND OF BUSINESS OR INDUSTRY Veterans Hosp.

11. BIRTHPLACE (City and state or country) Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob M. Lehr

13b. MOTHER'S MAIDEN NAME Eva M. Neunlist

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World W. 2

16. SOCIAL SECURITY NO. 492-20-2193

17. INFORMANT Irene B. Klicker Address 4110 S. Compton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cirrhosis of Liver with Hepatic Failure — INTERVAL BETWEEN ONSET AND DEATH about 8 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) —

DUE TO (c) 581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Sept. 25 1959, to Oct. 31st 1959 and last saw her/him alive on Oct 31 1959

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS 3606 Grains Av

22c. DATE SIGNED 11/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Nov. 4 1959

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, county, Mo.

24. FUNERAL DIRECTOR ADDRESS Schumacher's 3013 Meramec St.

25. DATE RECD. BY LOCAL REG. NOV 3 1959

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Wm Weinsberg
3606 Gravois
PR. 3-2959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

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 com 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.