RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-043855
STATE FILE NUMBER

FILED VS DEC 2 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11303

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis Missouri
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hosp. #1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7919 N Broadway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: August Middle: H Last: Lehmuth
4. DATE OF DEATH: Month: Nov. Day: 22, Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/11/99
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Lehmuth
13b. MOTHER'S MAIDEN NAME: Augusta Ohnemus
14. NAME OF HUSBAND OR WIFE: none
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.: 486-18-9001
17. INFORMANT: Edward Lehmuth, 230 Dellwood
Address

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): Generalized Arteriosclerosis and
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovasc Disease
DUE TO (c): 443x
INTERVAL BETWEEN ONSET AND DEATH
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 11-18-60, to 11-22-60 and last saw her/him alive on 11-22-60
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): LeRoy K. Fink MD
22b. ADDRESS: 1515 Lafayette Ave.
22c. DATE SIGNED: 11-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 11/25/60
23c. NAME OF CEMETERY OR CREMATORY: Salem Ev. Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.
24. FUNERAL DIRECTOR: DIEDRICH FUNERAL HOME, 8319 Hallsferry
ADDRESS
25. DATE RECD. BY LOCAL REG.: NOV 23 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J Wm Binkley

Licensed Embalmer No. 136

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.