

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8055 STATE FILE NUMBER

FILED SEP 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Requested - Operation for a favorable, direct cause
 DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		Length of stay in 1b <u>9 days</u>	c. CITY OR TOWN <u>St. Louis, Missouri</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1325 S. Grand</u>
3. NAME OF DECEASED (Type or print) First <u>Curt</u> Middle Last <u>Lemmel</u>		4. DATE OF DEATH Month <u>August</u> Day <u>29th</u> , Year <u>1961</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>3/18/1881</u>
		9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cigar Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lambert Cigar Co.</u>	11. BIRTHPLACE (City and state or country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Bernhardt</u>	
13b. MOTHER'S MAIDEN NAME <u>Zelma Lange</u>		14. NAME OF HUSBAND OR WIFE <u>Concordia</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>		17. INFORMANT <u>Box 4 Box 445 Concordia Williams Wilks-Barre Pa.</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>BRONCHOPNEUMONIA BILATERAL</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 HOURS</u>
DUE TO (b) <u>POSTOPERATIVE STATUS WITH</u>			
DUE TO (c) <u>SEPTICEMIA OF UNKNOWN CAUSE</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HEMORRHAGE, INTESTINAL, LOWER</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>5721</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>AUG 15, 1961</u> to <u>AUG 24, 1961</u> and last saw <u>him</u> live on <u>AUG 24, 1961</u> Death occurred at <u>4:45</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert H. Jarley, MD</u>		22b. ADDRESS <u>Desloge Hospital</u>	22c. DATE SIGNED <u>8/28/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/31/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>
24. FUNERAL DIRECTOR <u>Schuma cher 3013 MERAMEC</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 29 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loard Smith. M.D.</u>

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.