

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008374

318 1003

2727

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2727

FILED MAR 15 1962

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| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | ITEM NO. | SHOULD READ | |
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| 1. PLACE OF DEATH a. COUNTY Missouri | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4139a Nebraska Ave. | | d. STREET ADDRESS (If outside, give location) 4139a Nebraska Ave. | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Frank Middle G. Last Lenhardt | | 4. DATE OF DEATH Month March Day 10 Year 1962 | |
| 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 9/19/1901 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Die Setter | | 10b. KIND OF BUSINESS OR INDUSTRY Century Electric Co. | 11. BIRTHPLACE (City and state or country) Mehlville, Missouri |
| 13a. FATHER'S NAME John B. Lenhardt | | 13b. MOTHER'S MAIDEN NAME Helena Lefarth | 14. NAME OF HUSBAND OR WIFE Loretta M. Lenhardt |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Loretta M. Lenhardt | |
| 16. SOCIAL SECURITY NO. | | Address 4139a Nebraska Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumococcal | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | 18 mo. |
| DUE TO (b) Carcinoma of Pancreas | | | |
| DUE TO (c) with Metastasis | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| | | | 157x |
| 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 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 3/27/61 to 8/10/62 and last saw ^{her} him alive on 3/10/62 | | Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE Harold Schey M.D. | | 22b. ADDRESS 100 N. Euclid | 22c. DATE SIGNED 3/12/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 3/13/62 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery |
| 24. FUNERAL DIRECTOR Gebken-Benz Mortuary | | 23d. LOCATION (City, town, or county) St. Louis County, Missouri | |
| Address 2842 Meramec St. St. Louis 18, Missouri | | 25. DATE RECD. BY LOCAL REG. MAR 12 1962 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 19, Missouri

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.