

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050280

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3847

STATE FILE NUMBER

FILED JAN 3 1964

VS 300 Rev. 4/59

1 4002
2 4002
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) OR TOWN <u>Clayton</u> Length of stay in 1b <u>14 yrs.</u>		c. CITY OR TOWN <u>Clayton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8010 Venetian Drive</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>8010 Venetian Drive</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>William Lembke Sr.</u>			4. DATE OF DEATH Month Day Year <u>December 15 1963</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>9-15-1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Mascoutah Twp. Ill. USA.</u>
13a. FATHER'S NAME <u>Rudolph Lembke</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Penach</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Lembke</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No None</u>		16. SOCIAL SECURITY NO. <u>92</u>	17. INFORMANT <u>Mrs. Harold Schulz</u> Address <u>8010 Venetian Clayton Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral VASCULAR Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>
DUE TO (b) <u>Arteriosclerosis - Middle Cerebral Artery</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic HEART Disease</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.)	
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 <u>1958</u> to <u>1963</u> and last saw <u>him</u> alive on <u>12-14-63</u> Death occurred at <u>12-15-63</u> at <u>4:40</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>John W. Berry, M.D. F.A.C.P.</u>		22b. ADDRESS <u>950 FRANCES PLACE, Clayton, Mo</u>	22c. DATE SIGNED <u>12-15-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>	23b. DATE <u>12-18-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mascoutah City Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Mascoutah, Ill.</u>
24. FUNERAL DIRECTOR <u>Emmanuel K. Neill</u> ADDRESS <u>Mascoutah, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>12-17-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

082050-1338

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 Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Emmet G. L. Moll.

Licensed Embalmer No. 2898

P. O. Address Muscatah, Ill.

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.

6-1-81