

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37763

FILED DEC 1 1948

State File No. _____

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 277

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town "Rural" St. Charles Twsp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. 2 Box 98
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Life time (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County: St. Charles
(c) City or town "Rural" St. Charles Twsp
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 2, Box 98 (McClay Road)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1948 hour 4:35 minute A. M.
21. I hereby certify that I attended the deceased from
7-3 1948, to 11-19 1948
that I last saw him alive on 11-13 1948
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Ernest August Lehker

3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Louise (Mosler) Lehker, deca'd 1911 years
6. (c) Age of husband or wife if
7. Birth date of deceased August 29 1864
(Month) (Day) (Year)

Immediate cause of death Carcinoma of esophagus Duration 6 months

8. AGE: Years Months Days If less than one day
84 2 20 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer- Retired

11. Industry or business _____

MOTHER FATHER { 12. Name ? Lehker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Krueel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William August Lehker
(b) Address R.R. 2, Box 98 - St. Charles, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) burial (b) Date thereof Nov 21-1948
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Friends' Evangelical

18. (a) Signature of funeral director H. C. Hallmeyer & Sons, Inc.

(b) Address 800 N. 2nd - St. Charles, Mo.

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature: [Signature] (M. D. or other) [Signature]
Address 114 N. Main St. Charles, Mo. Date signed 11-20-48

19. (a) 11-24-48 (b) Frank H. [Signature]
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
NOV 30 1948
Date Filed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Joseph I Landolt*
Licensed Embalmer No. *4189*
P. O. Address *St Charles Mo*

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 this body is not embalmed, fact should be so stated above.