WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24336

File No. 6455
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis. (No. 4114 Gravois Avenue. St. ..... Ward)

2. FULL NAME John Sehr.

(a) Residence, No. 4114 Gravois Ave. St., ... Ward. 16
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antonette Sehr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1849.

7. AGE: Years 83 | Months 6 | Days 6. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 years.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

FATHER

13. NAME John Sehr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 8

MOTHER

15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 31

17. INFORMANT Mrs. Carrie Koenig
(ADDRESS) 4114 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE July 14, 1932

19. UNDERTAKER J. H. Lekkin L. & E. Co.
(ADDRESS) 2842 Meramec St.

20. FILED JUL 13 1932 Mary A. Starke Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932, to July 11, 1932
I last saw him alive on July 11, 1932. Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
131	
930 131	
Other contributory causes of importance:	
Chronic Interstitial nephritis	1931

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Andrew Youngman, M. D.
(Address) Bonfenglen Mo

AUG 3 1942