

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

27383
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1008
(b) Township..... Primary Registration District No. 7397
(c) City St. Louis (d) Street No. City Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillian Kehr

(a) Residence, No. 6232 Gravois St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
16 7 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bloomington, Ill. (STATE OR COUNTRY) Illinois

FATHER 13. NAME William Kehr

14. BIRTHPLACE (CITY OR TOWN) Bloomington (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Clara Frank

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT William Kehr (ADDRESS) Bloomington, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomington, Ill. DATE 8-23-1938

19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED AUG 21 1938 J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:05 A.M.

The principal cause of death and related causes of importance were as follows:

Gun shot wound near heart, self-inflicted in basement of his Uncle's home; 6232 Gravois Ave. Aug. 19, 1938 - 7:45 pm

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 8/19/38
Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury See above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, specify.....
(Signed) *W. P. Brady*, M. D.
(Address).....

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.

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 G. P. Kinnel

Licensed Embalmer No. 3877

P. O. Address 6937 1/2 Tru

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, above space should be left blank.