

REGD JAN 11 1938

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

41405

Do not use this space.

791
1003

11097

1. PLACE OF DEATH

(a) County..... Registration District No.
(b) Township..... Primary Registration District No.
(c) City St. Louis (2) (d) Street No. 3863 Ashland Ave. St.
(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

⁵⁷⁷⁰ John Kehm Jr.
(a) Residence, No. 3863 Ashland Ave. St. 10 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Kehm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1914
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 8 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Refrigerator
9. Industry or business in which work was done, as saw mill, bank, etc. Service Man
10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia,

13. NAME John Kehm Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Katherine Vogely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Mrs. Ethel Kehm (ADDRESS) 3863 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 12-28, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary 4228 So. Kingshighway

20. FILED DEC 27 1938 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28, 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 7:45 P.M.

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

Coronary Thrombosis
92a
Other contributory causes of importance:
Chronic Arthritis
" Endocarditis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify.....
(Signed) Alfred J. Perrett Deputy Coroner
(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

Reinhold A. Lehman

Licensed Embalmer No.

3395

P. O. Address

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.