

No. 2
1-13-40
17-39
X231

REGD OCT 10 1940 85
Registration District No. _____

Primary Registration District No. 1001

State File No. _____
Registrar's No. 974

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution 811 N. 5th Street,
(d) Length of stay: In hospital or institution None
In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 811 N. 5th
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME George J. Lehr
(b) If veteran, name war None
(c) Social Security No. 491-09-6494

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 5th
year 1940 hour 2 minute 30 AM.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Anna M. Lehr
(c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 14 1877

21. I hereby certify that I attended the deceased from Sept 8, 1940, Sept 5, 1940 that I last saw him alive on Sept 4, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 10 Days 21 If less than one day hr. min.

Immediate cause of death: Myocardial Infarction Myocardial Infarction?

9. Birthplace Mont Carrol Illinois

Due to 2

10. Usual occupation Retired Salesman

Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business Jones Hat Co.

PHYSICIAN

12. Name George Lehr

Major findings: Of operations

13. Birthplace Unknown Unknown

Of autopsy

14. Maiden name Anna Mary Miller

Underline the cause to which death should be charged statistically.

15. Birthplace Unknown Germany

22. If death was due to external causes, fill in the following:

16. (a) Informant Anna M. Lehr

(a) Accident, suicide, or homicide (specify)

(b) Address 811 N. 5th St. St. Joseph, Mo.

(b) Date of occurrence

17. (a) BURIAL (b) Date thereof SEPT 7, 1940 (c) Place: burial or cremation MT. OLIVET CEM.

(c) Where did injury occur? (City or town) (County) (State)

18. (a) Signature of funeral director H. O. Sidenfaden & Son

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(b) Address 1802 Union Str St. Joseph, Mo.

23. Signature (Specify type of place) While at work? (Specify type of place) Means of injury

19. (a) Sept 5, 1940 (b) (Registrar's signature)

Address Phy & Surg Bezi Date signed 9/5/40

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

MOTHER FATHER

85
1205
9/5/40

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 *Albert C. Harrington*
Licensed Embalmer No. 3258
P. O. Address St. Joseph, 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.