

2
7-39
X23159

FILED MAR 25 1941 791

Primary Registration District No. **1003**

Registrar's No. **1626**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. John's Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ellie Koehler Lemp.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. Lemp. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31, 1863.
(Month) (Day) (Year)

8. AGE: Years 77. Months 6. Days 17. If less than one day hr. _____ min. _____

9. Birthplace St. Louis, 0 Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name Caspar Koehler.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Junge.

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. Limberg.
(b) Address #2 Lenox Place.

17. (a) Burial. (b) Date thereof 2/20/1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Bly'd.

19. (a) FEB 19 1941 (b) J. Bredick
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis, 1712
(If outside city or town limits, write "RURAL")
(d) Street No. #2 Lenox Place. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1941 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 25, 1938, to February 18, 1941;
that I last saw her alive on February 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Second Cerebral hemorrhage
First Cerebral hemorrhage
Due to Arteriosclerosis and
Hypertension
Duration 1 month
2 yrs. 7 mos
3 yrs.

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

Major findings: _____
Of operations _____
Of autopsy Not reported yet. Performed at St. John's Hosp.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (c) Means of injury A

23. Signature T. G. Drake (M. D. or other) _____
Address 114 N. Taylor Av Date signed 2-19-41

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

MOTHER FATHER

JE-8600
1-5 P.M.

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 Bradford A. Miles

Licensee Embalmer No. 2901

P. O. Address St. Louis 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.