

FILED FEB 24 1942 791

State File No.

Registrar's No.

855

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 546 Oak St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Richard McClelland Kehr

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased March 8th 1934  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 10 19 hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name Edward Kehr  
13. Birthplace Baltimore Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie West  
15. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Kehr  
(b) Address 546 Oak St.

17. (a) Cremation (b) Date thereof. 1-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missonri Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 26 1942 (b) J. F. Bredeck  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th  
year 1942 hour 4:20 minute A.M. M.

21. I hereby certify that I attended the deceased from May  
1942 to Jan 1942  
that I last saw him alive on Jan 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute hepatitis Duration 5 wks  
Due to Congenital enlargement of liver life  
Due to Mongolian Idiot  
Other conditions acute myocarditis with chronic change  
(Include pregnancy within 9 months of death)

Major findings: Of operations none Of autopsy no  
PHYSICIAN DR. D. O. [Signature]  
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) (e) Means of injury.....  
23. Signature J. F. Bredeck M.D. Date signed 1/27/42  
Address 31105 Grand

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

Dr. F. R. Siebert  
3115 So. Grand Ave. Hrs. 4-8 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 *Edwin A. McPherson*

Licensed Embalmer No. 3024

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, fact should be so stated above.**