

FILED MAR 31 1942
Registration District No. 1787

Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
634 SHERWOOD DR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 634 SHERWOOD DR. 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JOHANNA JEHL
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

20. DATE OF DEATH: Month March day 12
year 1942 hour 4:00 minute 0 - M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife GEORGE A. JEHL
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 26 - 1957
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June - 12 1938 to March 12 1942
that I last saw her alive on Mar 10 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 10 Days 16
If less than one day - hr. - min.

Immediate cause of death:
Auricular fibrillation 4 years
epileptic seizure fracture left femur from fall on floor at home
slipped on rug - 1 mo
Died of Senile Psychosis and coronary atherosclerosis 2 years

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

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

10. Usual occupation AT HOME

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name mkn HAMPE

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

14. Maiden name mkn

15. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant J. Jehl

(b) Address 634 SHERWOOD DR.

17. (a) CREMATION (b) Date thereof MARCH 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker and Co.

(b) Address Webster Groves

19. (a) MAR 13 1942 (b) C. H. McFarland
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident 735

(b) Date of occurrence 2/16/42

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home - slipped on rug

(e) While at work? No (Specify type of place)

(f) Means of injury fall

19. Signature H. H. ... (M. D. or other) M.D.

Address 17 E. ... Date signed 3/15/42

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

76
7
4

707

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.....

C. C. Aldrich

Licensed Embalmer No. *1332*

P. O. Address *Webster Groves*

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.