

FILED FEB 19 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 313

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RURAL, ST. FERDINAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo
In this community 54 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limit, write "RURAL")
(d) Street No. 1955 BURD AVE.
Registered Alien (If rural, give location)
(e) If foreign born, how long in U. S. A. 54 yrs. 1 years.

3. (a) PRINT FULL NAME BESSIE LEHR

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MORRIS LEHR (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased (unknown) 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab? 36 12 hr. min.

9. Birthplace Galicia Austria
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name Jacob Joseph Reinfeld

18. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Annie Lehr

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant AL. LEHR

(b) Address 5945 LOTUS

17. (a) burial (b) Date thereof 2/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) FEB 17 1943 (b) C. J. McPherson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 16
year 1943 hour 1 minute 25 AM.

21. I hereby certify that I attended the deceased from JAN. 26
1943, to FEB 16, 1943.

that I last saw her alive on FEB 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death COMPLICATIONS OF DIABETES MELLITUS

Due to ACUTE PYELITIS

Due to _____

Other conditions CEREBRAL THROMBOSIS
(Include pregnancy within 3 months of death)

ELENT HEMIPLEGIA

Major findings: Of operations _____

Of autopsy _____

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 Ally Simon (M. D. or other) F
Address JEWISH SANATORIUM Date signed 2/16/43

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

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

76
00

426
3/43

FEB 19 1943

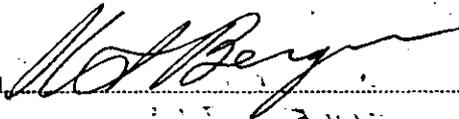
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 1597

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.