

FILED JUN 9 1943 318

Primary Registration District No. 1002

Registrar's No. 5003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3223 a Dodier Street,
(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 Olga S. Lehr

3. (b) If veteran, name war no

3. (c) Social Security No. 26628

4. Sex female / race white

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles F. Lehr

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 5 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Vice-President

11. Industry or business Lehr Coal Co.

MOTHER FATHER

12. Name Lambert Walther

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

14. Maiden name Sophia Gundlach

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

16. (a) Informant Charles F. Lehr

(b) Address 32233 Dodier St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Valhalla Cemetery
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director A. Brown & Co.

(b) Address 2707 N. Grand Blvd.

19. (a) MAY 31 1943 (Date received by registrar)

J. F. Madach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
910

(d) Street No. 3223 a Dodier St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from 5-13-43
_____ 19 _____ to 5-29-43
_____ 19 _____
that I last saw her alive on 5-28-43 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

Duration 3 days

Due to chr auricular fibrillation insertion

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 Wayne D. ... M. D. or other

Address 2789 No. ... Date signed 5-28-43

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

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 *Paul F. Grodenberg*

Licensed Embalmer No. *1691*

P. O. Address. *1707 N. Grand*

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.