

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED FEB 18 1944 318

State File No. 1320
Registrar's No.

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:
3730 Garfield Ave.. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3730 Garfield Ave.. (If rural, give location)

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

3. (a) PRINT FULL NAME Sarah Elizabeth Kehr

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th.
year 1944 hour 4:30 AM. minute 00 M.

21. I hereby certify that I attended the deceased from 5-10
1944, to 2-9, 1944

that I last saw her alive on 2-8, 1944
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Frank Kehr

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 21 1880
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis nephritis

Duration 1 1/2

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Pacific Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Daniel Patton

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

14. Maiden name Sebina Dugan

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

16. (a) Informant Frank B. Kehr

(b) Address 3730 Garfield Ave.

17. (a) Burial (b) Date thereof 2-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis, Mo.

19. (a) FEB 10 1944 (b) J. F. Buech
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury 0

23. Signature J. F. Buech (At. D. or other) _____
Address 2767 1/2 Park Ave Date signed 2-10-44

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

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

MOTHER, FATHER

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 Harmon L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.