

FILED NOV 1 1944
318
Registration District No. _____

Primary Registration District No. **1003**

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

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:
5011 A labama ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____

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

(d) Street No. **5011 A labama ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Carole Louise Sehr**

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

4. Sex **Female** 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 alive _____ years

7. Birth date of deceased **October 18, 1939**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24**
year **1944** hour **5** minute **15 a.** M.

21. I hereby certify that I attended the deceased from **1941-10-24-44**
Reported AT PARIS, 19____;
that I last saw her alive on **10-23-62M.**, 19**44**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
5	0	6	hr. _____ min. _____

Immediate cause of death
Allergic Asthma.

Duration **2 yrs.**

Due to _____

Due to _____

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

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 **George Sehr**

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

14. Maiden name **Heish Machala**

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant **George Sehr**

(b) Address **5011 Alabama ave.**

17. (a) **Burial** (b) Date thereof **OCT. 26. 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. TRINITY LUTH. CEM.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 24 1944** (b) **R. J. Stranz**
(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) _____

(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? _____

(Specify type of place)

While at work? _____ Means of injury _____

23. Signature **Roman Stranz** (M. D. or other) **MD**
Address **4500 Virginia Ave** Date signed **10-24-44**

R. J. Stranz

By Harry
4500 N. Va. Ave
L03550
2 PM

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Lemay - Mo

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.