S. No. 2
M—9-4-41
v. 5-17-39
I X29494

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

Registration District No. 316

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Henry 3247

State File No. 1

Primary Registration District No. 3059

Registrar's No. 262

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")
(d) Street No. Grove
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMELIA AUGUSTA KEHRMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John F. Kehrman
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased January (Month) 18 (Day) 1867 (Year)

8. AGE: Years 77 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Davenport (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name John L. Voeckler
13. Birthplace Wheeling (City, town, or county) W. Virginia (State or foreign country)
14. Maiden name Veronica Opel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Marjorie Kehrman
(b) Address Grove St. Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters, St. Louis Mo
18. (a) Signature of funeral director Benham Und. Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 12-30-44 (Date received local registrar) (b) Forest Ahrens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th year 1944 hour 6 minute 20 P. M.
21. I hereby certify that I attended the deceased from Mar. 1944 to Dec. 28 1944 that I last saw her alive on Dec 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	3 days
Due to Hypertension	15 yrs
Due to Chr. Nephritis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. Porter (M. D. or other)
Address Bonne Terre Date signed 12-30-44

1873

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 145-130
Date Filed 1-16-45

DEC 6 1945

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. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre 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.