

FILED FEB 25 1946

Primary Registration District No. 2002

Registrar's No. 432

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7267 Olive St. Road /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis ^{9/6}

(c) City or town University City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 7267 Olive St. Road ⁵
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Annie R. 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 Widow

6. (b) Name of husband or wife Charles B. Kehrman

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

7. Birth date of deceased Jan. 4th 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation At. Home

11. Industry or business _____

MOTHER FATHER

12. Name Dont Know Reynolds

13. Birthplace Dont Know Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

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

16. (a) Informant F. Gerdes Kehrman

(b) Address 7267 Olive St. Road

17. (a) Burial (b) Date thereof Feb. 21, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd

19. (a) 2-21-46 (b) E. M. Larson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1946 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb 12 to Feb 18, 1946
that I last saw her alive on Feb 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
broncho pneumonia
Ch. Myocarditis
Due to Renal Arterio-sclerosis
Due to 93A

Other conditions Hypertrophia Arterialis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration

6 days

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? _____

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

23. Signature Chas F Rosen Kerpel (M. D. or other) ⁰
Address 2745 Olive St Road Date signed 2/19/46

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

Atkinson

7745

Wm S

4 PM

Prod

MAR 11 1976

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 *W VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.