

FILED JUL 16 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5073

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:
4208 Sacramento 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 **56 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **ood**
 (c) City or town..... **St. Louis** **1017**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4208 Sacramento Ave.** **90**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Birdie Kehr**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **George E. Kehr**

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

7. Birth date of deceased **August 11, 1881**
(Month) (Day) (Year)

8. AGE: Years Months **22** If less than one day

64 **10** **25** hr. min.

9. Birthplace **Chester, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

MOTHER FATHER

12. Name **Philip Schoen**

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

14. Maiden name **Sarah Hoch**

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

16. (a) Informant **Mrs. Birdie Kunz**

(b) Address **4044 Palm St.**

17. (a) **Burial** (b) Date thereof **July 5, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery Chesterfield, Mo.**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **JUL 2 1946** **J. F. Brodeur**
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1st**
 year **1946** hour **12:15** minute **P** M.

21. I hereby certify that I attended the deceased from **March 1, 1946** to **July 1, 1946**
 that I last saw her alive on **July 1, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Edema, Pulmonary **2da**
Hypertensive Cardio-vascular disease of type

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

Major findings:
 Of operations.....
 Of autopsy.....

Duration

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?

23. Signature **W. A. Kupper** (M. D. or other) **MD**
 Address **402 Lister Bldg** Date signed **7-2-46**

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..... *John A. Melina*
Licensed Embalmer No. *4186*
P. O. Address..... *St Louis 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.