No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22476

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6172

WRITE PLAINLY—USING 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 Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4548 Alice Avenue (If rural, give location) 9

(e) Citizen of foreign country? Nos (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sharon Mahr

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 Single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased September 17, 1940 (Month) (Day) (Year)

8. AGE: Years 6 Months 9 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation School Girl

11. Industry or business

FATHER
12. Name Arthur Mahr 0
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Norma Kohm
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Arthur Mahr

(b) Address 4548 Alice Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) JUN 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from June 2, 1947 to June 27, 1947 that I last saw her alive on June 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Status Lymphaticus

Due to Hemorrhage following Tonsilectomy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

115

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature H A Uhlemeyer Jr. (M. D. or other) MD

Address 4362 Warne Ave. Date signed 6/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.