

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Mississippi River **3**
(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 Missouri (b) County St. Louis

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

(d) Street No. 3919 Potomac St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anita M. Sarchet

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-12-1777

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis

6. (c) Age of husband or wife if alive _____ years
33

7. Birth date of deceased: April 25 1907
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace: Bellville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Artistic Flower Maker

11. Industry or business Artificial Flower & Feather Co.

12. Name Fred Lehr

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

14. Maiden name Catherine Griesser

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

16. (a) Informant Eleanor Lehr

(b) Address 1415 Farrar St.

17. (a) Burial (b) Date thereof: 6-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Memorial Park

18. (a) Signature of funeral director W. S. Wilson Blvd.

(b) Signature of Registrar J. J. Brubaker

19. (a) JUN 17 1947 (b) _____
(Date received at Registrar's Office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour 2:50 minute 2 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to Downing; when deceased jumped from the McArthur Bridge into the Mississippi River on June 15th, 1947, at about 2:50 A.M.

Due to SUICIDE, WHILE SUFFERING FROM TEMPORARY MENTAL ABERRATION.

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

Major findings: 1644

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence June 15th, 1947

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place
(Specify type of place)

While at work _____ (Specify cause of injury _____)

23. Signature [Signature] (M. D. or other) 3

Address _____ Date signed 6/17/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 with the above constitutes grounds for revocation of license.)

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