

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14737

State File No. 3429

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3429**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) MO BAPTIST HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) UPLANDS PARK	
c. LENGTH OF STAY (in this place) 1 WEEK		d. STREET ADDRESS (If rural, give location) 3636 PINE GROVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs Baptist Hosp			
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) F. c. (Last) LEHR			4. DATE OF DEATH (Month) (Day) (Year) APRIL 12, 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 12, 1881
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER OF COAL Co	11. BIRTHPLACE (State or foreign country) GERMANY
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY RETAIL COAL	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE Lavern Lehr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Lavern Lehr ADDRESS 3636 Pine Grove
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Pericardial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Aneurysm Aorta (non - atherosclerotic) DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4343
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4/1 , 19 50 , to 4/12 , 19 50 , that I last saw the deceased alive on 4/12 , 19 50 , and that death occurred at 3 P m., from the causes and on the date stated above.			
23a. SIGNATURE George W Flynn (Degree or title) M.D.		23b. ADDRESS 2153 Nat. Bridge	
23c. DATE SIGNED 4/14/50		24. LOCATION (City, town, or county) (State) ST. LOUIS Co. MO	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 15, 1950	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. APR 14 1950	REGISTRAR'S SIGNATURE J. B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE A. Krow ADDRESS 2707 1/2 Grand	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No.

4193

P. O. Address

St. Louis

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.