

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23911

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6356

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:
3641 Oakhill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 48 years
years, months or days)

3. (a) PRINT FULL NAME George N. Sehr 60y

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased December 9, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 18 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Sehr

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

14. Maiden name Unknown

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

16. (a) Informant Katherine Sehr

(b) Address 3641 Oakhill Avenue

17. (a) burial (b) Date thereof 7/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa St.

19. (a) JUL 29 1940 (b) J. F. Kredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3641 Oakhill
(If rural, give location)
(e) If foreign born, how long in U. S. A. 48 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from January 5 1940 to July 27 1940
that I last saw him alive on July 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to Cerebral thrombosis

Due to arteriosclerosis

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

Major findings: Of operations _____

Of autopsy none

Duration

7 days

7 days

1 yr

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 Stark German (M. D. or Other) _____

Address 2924 Grand Date signed 7/29/40

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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, above space should be left blank.