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

FILED JUN 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19057

Registration District No. 784 Primary Registration District No. 11 Registrar's No. 1090

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1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1306 Hawthorne Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 Hawthorne Dr.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Philomena G. Foehr
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Hubert Foehr
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Feb. (Month) 23rd (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	28	____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER 12. Name Joachim Muehling
FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary A Pepperhorst
MOTHER 15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant John H. Foehr
(b) Address 1306 Hawthorne Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 Kingshighway Blvd.
19. (a) MAY 22 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1941 hour 5:35 minute P. M.
21. I hereby certify that I attended the deceased from April 5, 1941, to May 20, 1941, that I last saw her alive on May 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyonephrosis	6 wks
Eclampsia	2 days
Due to 1331	
Due to	
Other conditions (Include pregnancy within 3 months of death) arteriosclerosis, hypertension	

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature George Steckes M.D. (M. D. or other)
Address 134 N. Euclid Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Steeker
Mo. Theatre Bldg.

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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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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