No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43667

Registration District No. FILED JAN 27 1948

Primary Registration District No. 1003

Registrar's No. 1062

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2648 Pestalozzi, (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 Life,

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo., (b) County

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

(d) Street No. 2648 Pestalozzi, (If rural, give location)

(e) Citizen of foreign country? No., (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Sahr,

3. (b) If veteran, name war No.,

3. (c) Social Security No.

4. Sex Femle

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 4, 1887 (Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife,

11. Industry or business

MOTHER FATHER

12. Name Ferdinand Sahr,

13. Birthplace St. Loud, Mo., (City, town, or county) (State or foreign country)

14. Maiden name Catherine Kormann,

15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Zipf

(b) Address 3834 Juniata,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/46 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul,

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

(b) Address 4016 Chippewa Str.,

19. (a) DEC 24 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1943 to Dec 15 1946 that I last saw her alive on Dec 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

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? (Specify) (e) Place of injury?

23. Signature Roland A. Koeb M.D.

Address 3430 California Date signed 1/20/47

(Licensed Embalmer's Statement on Reverse Side)

Dr I Kolb
343 California

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.