

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37927

State File No. _____

FILED NOV 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>2473</u>	
1. PLACE OF DEATH a. COUNTY <u>Villa Grove St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ferdinand</u>		c. LENGTH OF STAY (In this place) <u>12yr. 4mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Ferdinand</u>		d. STREET ADDRESS (If rural, give location) <u>11755 Riverview Drive 4000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Grove</u>				d. STREET ADDRESS (If rural, give location) <u>11755 Riverview Drive 4000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary</u> b. (Middle) <u>Edmunds</u> c. (Last) <u>Lahr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 14, 1953</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 8, 1885</u>		9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>8</u>	11. DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Lahr</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Riecht</u>		14. NAME OF HUSBAND OR WIFE <u>Unmarried</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister Mary Loyola, 11755 Riverview Drive</u>			
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) <u>Adeno carcinoma g. uterus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>metastasis to lung</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1940</u> <u>194X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>March, 1948</u> , to <u>10-14, 1953</u> , that I last saw the deceased alive on <u>10-13, 1953</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. [Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>8321 N. Broadway</u>		23c. DATE SIGNED <u>10-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Villa Grove Cemetery</u>		24d. LOCATION (City, town) or county (State) <u>11755 Riverview Drive, St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/17/53</u>		REGISTRAR'S SIGNATURE <u>Hebechek R. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hebechek R. [Signature] and Co. 7420 Michigan</u>			

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

(Licensed Embalmers' Statement on Reverse Side)

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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7420 Michigan

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.