

OCT 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33455
Do not use this space.

1. PLACE OF DEATH *St. Louis*

(a) County *St. Louis* Registration District No. *784*

(b) Township *Clayton* Primary Registration District No. *St. Louis County* Registered No. *11741*

(c) City *Clayton* (d) Street No. *St. Louis County Hospital*

(e) Length of residence in city or town where death occurred *6 mos. 3 ds.* (f) How long in U. S., if of foreign birth? *7 yrs. 11 mos. 3 ds.*

2. PRINT FULL NAME *Theresa E. Ehrhardt*

(a) Residence, No. *61668 Belmar* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 14, 1897*

7. AGE YEARS *42* MONTHS *3* DAYS *19* If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as saw mill, bank, etc. *Housework*

10. Date deceased last worked at this occupation (month and year) *June 14, 1939* 11. Total time (years) spent in this occupation *19*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pittsburgh, Penn.*

13. NAME *Albert E. Hayes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn.*

15. MAIDEN NAME *Mary Callaghan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT (ADDRESS) *Theresa E. Ehrhardt, 5157 Soethaven*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter & Paul* DATE *Oct 6 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Chas. S. Stuart, 1725 Union Blvd*

20. FILED *Oct 4 1939* *G. R. Thompson* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 3 1939*

22. I HEREBY CERTIFY, That I attended deceased from *1939*, to *1939*

I last saw him alive on *1939* Death is said to have occurred on the date stated above, at *9:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Acute pancreatic necrosis.

Other contributory causes of importance: *128*

Name of operation *Autopsy* Date of *1939*

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *1939*

Where did injury occur? *St. Louis County* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *no*

Manner of injury *no*

Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *no*

(Signed) *John S. Powell* M. D. (Address) *Coroner of St. Louis County*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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

Albert G. Hooper

Licensed Embalmer No..... 2971.....

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, above space should be left blank.