

FILED SEP 18 1944

Registration District No. 318

Primary Registration District No. 1003

1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether \_\_\_\_\_)  
In this community 25 Years.  
years, months or days

3. (a) PRINT FULL NAME Agatha F. Lerch,

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter P. Lerch 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. 20. 1898  
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Old Monroe Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Eggering  
13. Birthplace Old Monroe, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Caroline Witte  
15. Birthplace Old Monroe, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Walter P. Lerch  
(b) Address 4933 Cote Brilliant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 6 1944 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LA. 11  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4933 Cote Brilliant (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4  
year 1944 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 4 1944 to Sept 4 1944  
that I last saw him alive on Sept 4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 10 da  
Due to Ruptured Gall Bladder 1 day  
Due to Cholelithiasis, Empyema, Stones  
Gall B. (Not known)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Ruptured Gall Bladder  
Cholelithiasis - Empyema B  
Of autopsy none

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 John D. Haynes (M. D. or other) \_\_\_\_\_  
Address 508 N. Blaney Date signed 9/6/44

**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 Frank A. Moore

Licensed Embalmer No. 31041

P. O. Address 2117 E. Grand

**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.**