FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24249

Registrar's No. 6376

WRITE PLAINLY—USING 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 2121 N. Florissant Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Out
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 N. Florissant Ave 9
(If rural, give location)
26 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Max F. Ehrhardt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Minnie Ehrhardt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 21 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	1	27	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4
10. Usual occupation Clerk
11. Industry or business Carter Carb Co

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Willis G. Ehrhardt
(b) Address 7280 S. Roland, Pasadena Hills
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat. Bridge Blvd
19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1948 hour 6. minute P. M.

21. I hereby certify that I attended the deceased from July 14, 1948, to July 18, 1948 that I last saw h. alive on July 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Hypertension	(c)
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Arthur Smallen (M. D. or other) M.D.
Address 2202 University Dr. Date signed 7/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1230

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.