

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2844

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1061

16

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 3447a Virginia Ave.	
3. NAME OF DECEASED a. (First) Nicholas b. (Middle) c. (Last) Jerhoff		4. DATE OF DEATH (Month) (Day) (Year) 2/1/49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Oct. 22, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Measure Graf Co.		11. BIRTHPLACE (State or foreign country) Austria	
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizabeth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-09-6658	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Jerhoff		ADDRESS 3447a Virginia	
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) Bronchial asthma - myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 93 1/2 DUE TO (c) 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) m		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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 29, 1949, to Feb 1, 1949, that I last saw the deceased alive on 2-1, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE R Berg MD		23b. ADDRESS 2203 S Grand St. St. Louis	
23c. DATE SIGNED 2-2-49			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 2/1/49	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. FEB 3 1949		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderte	
REGISTRAR'S SIGNATURE J. B. Lasater		ADDRESS 3634 Gravois	

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 _____

Licensed Embalmer No. 3497

P. O. Address 7634 Gravois

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.