

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38908  
Registrar's No. 10002

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10002	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) Teszon Ferry & Bauer Rd. Rt. 8, Box 2100			
3. NAME OF DECEASED (Type or Print) a. (First) Henrietta			b. (Middle) -----		c. (Last) Kehrt		4. DATE OF DEATH (Month) (Day) (Year) November 19, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 11 1891	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Holland		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anton Fischer			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester Kehrt Rt. 1 Kimmwick, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Medullary Embolism of skull</i> <i>Subdural hemorrhage suffered</i> <i>Collision between automobile</i> <i>driven by one Elizabeth Thomas</i> <i>of which the deceased was a passenger, and truck driven by one John Calvert at the intersection of Garrison &amp; C. Schibler</i> <i>at 338 pm Nov 10 1949</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hrs</i>	
		2. ANTECEDENT CAUSES <i>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____		DUE TO (c) _____	
		11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Autopsy</i> <i>338 pm Nov 10 1949</i>				INTERVAL BETWEEN ONSET AND DEATH YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo 170</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <i>Nov 10 49 3:38</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>2 1/2 hrs</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive, on _____, 19____, and that death occurred at 11:35 am from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Patrick E. Royce Cor. 5</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>11-21-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov. 22-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Assumption Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Mattese, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 21 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Laster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</i>			

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

**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 Lina C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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.