

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7158

State File No.

318

1003

Registrar's No. 919

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				STREET ADDRESS (If rural, give location) 4289a Kossuth Avenue				21070							
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) William			c. (Last) Sahrhage			4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1956						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 15, 1875			9. AGE (In years last birthday) 80 yrs		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Custodian				10b. KIND OF BUSINESS OR INDUSTRY Custodian				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown Sahrhage				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Minnie (Schleicher) Sahrhage							
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. Unknown				17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Sahrhage				ADDRESS 4289a Kossuth Ave. 15			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATIONS I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia Chn. Bronchitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis DUE TO (c) Arteriosclerotic heart disease								INTERVAL BETWEEN ONSET AND DEATH 1 week Unknown Unknown					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5021								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 1-12-1956 , to 1-24-1956 , that I last saw the deceased alive on 1-24-1956 , and that death occurred at 2 P. m., from the causes and on the date stated above.															
23a. SIGNATURE Harold H. Feller (Degree or title) M.D.						23b. ADDRESS 2739 N. Grand				23c. DATE SIGNED 1-26-56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 27, 1956		24c. NAME OF CEMETERY OR CREMATORY Near Bethlehem Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
DATE REC'D BY LOCAL REG. JAN 26 1956		REGISTRAR'S SIGNATURE Charles Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 NAT'L BRIDGE, 15									

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

File in City

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.....
Signature of Student Embalmer

Signed *John A. Meniar*.....
Licensed Embalmer No. *4186*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.