

FILED MAR 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10664

318

1003

State File No. 2090
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN <u>ST. LOUIS</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>23 1719 S. 7th ST</u>							
3. NAME OF DECEASED a. (First) <u>HERMAN</u>			b. (Middle) <u>EHRET</u>			c. (Last) <u>SR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 25 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>DIVORCED</u>		8. DATE OF BIRTH <u>MAR. 7 1901</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEER BOTTLER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CARLINGS BREWERY</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13a. FATHER'S NAME <u>JOHN EHRET</u>			13b. MOTHER'S MAIDEN NAME <u>JOHANNA GRUBER</u>			14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. <u>499-02-4993</u>			17. INFORMANT'S SIGNATURE OR NAME <u>EDWIN EHRET</u> ADDRESS <u>4619 Heege Rd</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-carcinoma of spine with metastases</u> ANTECEDENT CAUSES <u>Adeno-carcinoma of spine with metastases</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>196x</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>10-13 - 1955</u> , to <u>2-10</u> , 1956, that I last saw the deceased alive on <u>2-10</u> , 1956, and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>A. T. Merklin</u>				(Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3507 Poloma Potomas</u>		23c. DATE SIGNED <u>2-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>				
DATE REC'D BY LOCAL REG. <u>FEB 28 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutus</u> ADDRESS <u>2906 Gracvie</u>						

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Leo J. Budde

Licensed Embalmer No.

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.