

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28833

State File No. _____

BIRTH NO. 65040-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6758

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8037 Frederick St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>JAMES</u> c. (Last) <u>MEHRHOFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18th, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 18th, 1956</u>
9. AGE (In years last birthday) _____		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Mehrhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Schlueter</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Mehrhoff, 8037 Frederick</u>	
18. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>PREMATURE INFANT</u>	
19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature infant</u> ANTECEDENT CAUSES <u>1 lb 4 oz</u> DUE TO (b) <u>1 lb 4 oz</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. 776x	
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)	
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>7/18</u> , 19 <u>56</u> , to <u>7/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>56</u> , and that death occurred at <u>5:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Sausville</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>8321 N Broadway</u>	
23c. DATE SIGNED <u>7/19/56</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24a. BURNAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/19/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 19 1956</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed
E. J. Stenzenweder

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. _____

P. O. Address _____

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.