

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 3 1956

STANDARD CERTIFICATE OF DEATH

32246

318

1003

STATE FILE NUMBER

8345

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Affton 4820 d. STREET ADDRESS 9843 Affton Pl.	
3. NAME OF DECEASED (Type or print) First Fred Middle A. Last Mehrkens		4. DATE OF DEATH Sept. 7, 1956 Month . Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 30, 1879
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 5 Days 7 Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor	
10b. KIND OF BUSINESS OR INDUSTRY A. J. Meyer		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Mehrkens	
14. MOTHER'S MAIDEN NAME Bertha Stoecker		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 488-05-0411		17. INFORMANT Address Elizabeth Mehrkens 9843 Affton Pl.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Deкомпensation DUE TO (b) Coronary Disease and Myocardial Infarction DUE TO (c) Atherosclerotic Heart Disease. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 4 days 8-10 wks.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from Sept. 1949 to 9/6/56 and last saw her alive on 9/6/56 Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles G. Obermayer, M.D.		22b. ADDRESS 3103 Arsenal St.	
22c. DATE SIGNED 9/7/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
23b. DATE Sept. 11, 1956		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		24. FUNERAL DIRECTOR ADDRESS Wm. Schumacher 3013 Meramec St.	
25. DATE RECD. BY LOCAL REG. SEP 10 1956		26. REGISTRAR'S SIGNATURE Carl Smith MD	

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..... *Jack Haupt*

Licensed Embalmer No. *47*

P. O. Address..... *St. Paul*

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