XC # 2003 87 21
SL 12928

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33446
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8106

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETS. ADM. HOSP. — Length of stay in 1b: 16 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: NORMANDY — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 8016 BELLERIVE DRIVE — Reside on Farm: Yes ☐ No X

35 27 4181

3. NAME OF DECEASED (Type or print): First HAROLD Middle CHRIST Last EHLHARDT
4. DATE OF DEATH: Month 8-28-57 Day Year
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-24-15
9. AGE (In years last birthday): 42 — 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): SHEET METAL WORKER
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LOUIS EHLHARDT
14. MOTHER'S MAIDEN NAME: LENA OFFERMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.: 488-01-8898
17. INFORMANT Address: VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): CARCINOMA LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c): 163x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. VA attended the deceased from 8-12-57, to 8-28-57 and last saw ~~xx~~ him alive on 8-28-57
Death occurred at 4:55 Pm on the date stated above; and to the best of my knowledge, from the causes stated
22a. SIGNATURE (Degree or title): L. H. Johnson M. D.
22b. ADDRESS: VAH, ST. LOUIS, MISSOURI
22c. DATE SIGNED: 8-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/31/57
23c. NAME OF CEMETERY OR CREMATORY: St Peters Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County Mo
24. FUNERAL DIRECTOR ADDRESS: Edward Fendler 5611 South Grand Blvd.
25. DATE RECD. BY LOCAL REG.: AUG 29 57
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
S. 300
v. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hadley F. Kaeller Jr

Licensed Embalmer No. 495

P. O. Address St. Lou

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