

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

323279
STATE FILE NUMBER
10030
Registrar's No. 10030

Registration District No. 318 Primary Registration District No. 1003

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Ladue</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>12 Midpark Lane</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Austin</u> Last <u>Ehrhardt</u> | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>26</u> Year <u>1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 11, 1915</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Rep. Monsanto Chemical Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> |
| 13a. FATHER'S NAME <u>John Ehrhardt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Estell Drew</u> | 14. NAME OF HUSBAND OR WIFE <u>Sue Marshall</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>488-09-9147</u> | 17. INFORMANT <u>Sue Ehrhardt, 12 Midpark Lane, Ladue, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain tumor, verified glioblastoma multiforme, temporal lobe, left</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>17 months</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | <u>193x</u> |
| 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 <input checked="" type="checkbox"/> NO <input 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 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 <u>Oct. 21, 1957</u> to <u>Oct. 26, 1957</u> and last saw ^{him} alive on <u>Oct 25, 1957</u> Death occurred at <u>1:55 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>George E. Louche</u> | | 22b. ADDRESS <u>3720 Maryland Avenue</u> | 22c. DATE SIGNED <u>Oct. 26, 1957</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. <u>OCT 28 57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u> |
| 24. FUNERAL DIRECTOR <u>Alexander & Sons</u> | | 25. DATE RECD. BY LOCAL REG. <u>OCT 26 57</u> | 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith - MD</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

(Licensed Embalmer's Statement on Reverse Side)

acm

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2960*

P. O. Address *61750 Dillm*

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.