

INDEXED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_ STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If in institution, Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHNS HOSPITAL</b>		c. CITY OR TOWN <b>SHREWSBURY</b>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>7421 BRUNSWICK</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>LEROY EHRHARD</b> Middle		4. DATE OF DEATH <b>OCTOBER 26, 1960</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>CAUCASIAN</b>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/28/1908</b>	
9. AGE (last birthday) <b>52</b>		10. BIRTHPLACE (City and state or country) <b>ST. CHARLES, MISSOURI</b>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DEPARTMENT MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SALES ENGINEERING</b>	
13a. FATHER'S NAME <b>EDWARD C. EHRHARD</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH S. SOMMERS</b>	
14. NAME OF HUSBAND OR WIFE <b>MARIE C. EHRHARD</b>		15. EDWARD C. EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	
16. SOCIAL SECURITY NO. <b>WORLD WAR II</b>		17. INFORMANT <b>MARIE C. EHRHARD</b> Address <b>SEE #2</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		<b>Several hrs.</b>
DUE TO (b) <b>occlusion of anterior descending branch of left coronary artery</b>		<b>Same</b>
DUE TO (c) <b>420.1</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>myocardial failure - abt. 2 hrs.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <b>6-15-55</b> to <b>10-26-60</b> and last saw her/him alive on <b>10-26-60</b> Death occurred at <b>295, gm</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>William K. Fisher M.D.</b>	22b. ADDRESS <b>7500 Danabine</b>	22c. DATE SIGNED <b>10-27-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10/29/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEMETERY</b>
23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MISSOURI</b>	24. FUNERAL DIRECTOR <b>HOFFMEISTER COLONIAL MORTUARY</b> <b>6464 CHIPPEWA STREET ST. LOUIS, MISSOURI</b>	25. DATE RECD. BY LOCAL REG. <b>OCT 29 1960</b>
26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>		

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John P. Penne*

Licensed Embalmer No. 4194

P. O. Address St. Louis

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