SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-022274
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2011

FILED JUL 25 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Town & Country
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 16 Country Aire
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Town & Country
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 16 Country Aire
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma Middle: Last: Mehrman
4. DATE OF DEATH: Month: July Day: 16 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/22/1885
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Ret.
10b. KIND OF BUSINESS OR INDUSTRY: nil
11. BIRTHPLACE (City and state or country): Pittsburg, Penn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Kruse
13b. MOTHER'S MAIDEN NAME: Maria Kaklmann
14. NAME OF HUSBAND OR WIFE: Henry
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.: nil
17. INFORMANT: Mrs. Delores Heitman Address: 16 Country Air

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): Coronary Occlusion acute — INTERVAL BETWEEN ONSET AND DEATH: 18 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chr Cardio-Vascular Renal Dis — 2 yrs +
DUE TO (c): Arteriosclerosis Advanced Senile — 2 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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. I attended the deceased from March 12-1959 to July 16 1961 and last saw her/him alive on July 16 1961
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James J. Ott (Degree or title) MD
22b. ADDRESS: 2814 South Ave St. Louis
22c. DATE SIGNED: 7/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/19/1961
23c. NAME OF CEMETERY OR CREMATORY: Our Redeemer
23d. LOCATION (City, town, or county): St. Louis Co. (State): Mo.
24. FUNERAL DIRECTOR: JAY B. SMITH ADDRESS: 7456 Manchester Ave.
25. DATE RECD. BY LOCAL REG.: 7-18-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Melvin Bartlett

Signature of Student Embalmer

Licensed Embalmer No. 4903

P. O. Address St. Louis

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