MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030895
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7906

FILED AUG 31 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 10 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Baptist Hospital
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: Marvin Terrace
Inside Limits: Yes ☐# No ☐
d. STREET ADDRESS (If outside, give location): 9410 Burdella
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: Bernard Middle: E. Last: Lehrter
4. DATE OF DEATH: Month: Aug. Day: 23, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10)13)1886
9. AGE (last birthday): 74
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): Retired Railroad Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Express Agency
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Herman Lehrter
13b. MOTHER'S MAIDEN NAME: Anna Emke
14. NAME OF HUSBAND OR WIFE: Clara M. Lehrter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Clara M. Lehrter Address: 9410 Burdella

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) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr Myocarditis — 8 yrs 7 mo
DUE TO (c) 422.2
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 Aug 23, 1961, to Aug 23, 1961 and last saw ~~him~~ him alive on Aug 23, 1961
Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): M. A. Kuhn MD
22b. ADDRESS: 9385 Page Blvd St. Louis 14 Mo
22c. DATE SIGNED: 8/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8)26)61
23c. NAME OF CEMETERY OR CREMATORY: St. Boniface Cemetery
23d. LOCATION (City, town, or county) (State): Germantown, Illinois
24. FUNERAL DIRECTOR: Collier Mortuary, St. Ann, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: AUG 24 1961
26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

8

BY AFFIDAVIT OF DOCUMENT

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann

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.