

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -

MENT OF PUBLIC HEALTH AND WELFARE

318

1003

9834 -61-038506

STATE FILE NUMBER

AMENDED

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

FILED NOV 8 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis			Length of stay in lb		c. CITY OR TOWN ST. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3240 GRAVOIS			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3240 GRAVOIS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle J. Last Ehken				4. DATE OF DEATH Month OCT 21 Day 1961 Year			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-12-1902	9. AGE (last birthday) 58	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, or if retired)			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY		
Retired Printer			Mo.		U.S.A.		
13a. FATHER'S NAME Philip Ehken			13b. MOTHER'S MAIDEN NAME Mary Kochne		14. NAME OF HUSBAND OR WIFE Emily Ehken		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT Emily Ehken Address 3240 Gravois		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemiplegia DUE TO (b) Hypertension DUE TO (c) 334TH Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Throat					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 type="checkbox"/> NO <input checked="" 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 11-23-46 to 10-21-61 and last saw him alive on 10 5-61 Death occurred at 3:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) A. J. McKeown M.D.				22b. ADDRESS 3707 Patton		22c. DATE SIGNED 10-24-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 25, 1961	23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Ch.		23d. LOCATION (City, town, or county) ST. Louis Mo		(State)	
24. FUNERAL DIRECTOR Thomas Katis ADDRESS 2906 Gravois			25. DATE RECD. BY LOCAL REG. OCT 24 1961		26. REGISTRAR'S SIGNATURE Lead Smith, M.D.		

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

Eleanora Poince

Licensed Embalmer No.

3403

P. O. Address

2906 pav

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.