SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3207 STATE FILE NUMBER 61-043221

FILED NOV 21 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 1 yr. 25 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Vincent's 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: St. Louis, Missouri ~~7410 Maryland~~ U. City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7410 MARYLAND — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANNA Middle: ELIZABETH Last: SEHRT
4. DATE OF DEATH: Month November Day 10 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/18/77
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Patrick Faherty
13b. MOTHER'S MAIDEN NAME: Bridget Faherty
14. NAME OF HUSBAND OR WIFE: Louis Sehrt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi: --
17. INFORMANT: Mrs. Marian Lueders, daughter. Address: 911 Woodshire, Creve Coeur, Mo. HE.2-4354

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): Bilateral Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic BrainSyndrome Associated with Cerebral Arteriosclerosis and Senility -Years
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 October 16, 1960, to Nov. 10, 1961 and last saw her alive on Nov. 10, 1961
Death occurred at 10:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Joseph A. Costino (Degree or title) M.D.
22b. ADDRESS: 2425 N. Broadway, St. Louis 6
22c. DATE SIGNED: 11-11-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-14-1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS: Kriegshauser 9450 Olive St. Road
25. DATE RECD. BY LOCAL REG.: 11-13-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

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 William B. White

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address_____

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