

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044175

STATE FILE NUMBER

318 Primary-Registration District No. 1003

10676 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 26 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Length of stay in 1b 3 days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN Pasadena Hills		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7320 Huntington				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ALFRED F. EHRHARDT						4. DATE OF DEATH Month Day Year November 4, 1962					
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 12-3-1881		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Sterotyper				10b. KIND OF BUSINESS OR INDUSTRY Post Dispatch		11. BIRTHPLACE (City and state or country) Beardstown, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ----- Ehrhardt				13b. MOTHER'S MAIDEN NAME Unk.				14. NAME OF HUSBAND OR WIFE Agnes L. Ehrhardt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Agnes L. Ehrhardt 7320 Huntington Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of skull supported in fall down stairs at home on 11-1-62</i> DUE TO (b) <i>accident</i> DUE TO (c) <i>accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>900-0-21</i>								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 SUICIDE HOMICIDE A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>See above</i>							
20c. TIME OF INJURY Hour a.m. p.m. <i>11-1-62</i>											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>38</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis, Mo</i>		COUNTY		STATE			
21. I attended the deceased from <i>8:00 p.</i> to <i>1:00</i> and last saw <i>him</i> alive on <i>11-7-62</i> . Death occurred at <i>8:00 p.</i> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Calvin F. Feutz</i> (Degree or title)						22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>11-7-62</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Nov. 7, 1962</i>		23c. NAME OF CEMETERY OR CREMATORY <i>New Bethlehem Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis Co. Missouri</i>					
24. FUNERAL DIRECTOR Calvin F. Feutz Funeral Home 4828 Natural Bridge Blvd.				25. DATE RECD. BY LOCAL REG. <i>NOV 7 1962</i>		26. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>					

USE BLACK INK OR TYPEWRITER RIBBON

## 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

*Robert E. Mahlerman*

Licensed Embalmer No. 4916

P. O. Address

St. Louis, Mo.

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.