

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29363  
Registrar's No. 1640

FILED SEP 8 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County ST. LOUIS CO.  
(b) City or town MANCHESTER  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John Ehrhart  
(b) If veteran, name war \_\_\_\_\_ Nil  
(c) Social Security No. Nil

4. Sex Male color or race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Sadie Ehrhart  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 16, 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Levi Ehrhart

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Williams

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Ehrhart

(b) Address 4361 Maryland

17. (a) Burial (b) Date thereof 8/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Memorial Park

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) AUG 5 - 1941 (b) E. J. McCarroll  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County COI.  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4361 Maryland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4  
year 1941 hour 8.20 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 3  
\_\_\_\_\_ 1940 to Aug 4 1941  
that I last saw him alive on Aug 4  
and that death occurred on the date and hour stated above.

Immediate cause of death Heat prostration  
Duration 5 days

Due to Excessive heat (outside temp)

Due to Chronic myocarditis  
Old cerebral accident

Other conditions Serif. ty  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations — 191:2  
Of autopsy — 191:2

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. C. Campbell (M. D. or other) MD.

Address 1128 1/2 Hamilton Date signed Aug 5, 1941

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Florence Egnick*

Licensed Embalmer No. *1284*

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 this body is not embalmed, fact should be so stated above.**