

FILED JUN 9 1950 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

18139

State File No. 4687

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jewish Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> <u>4631</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>9803 Manchester Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u> b. (Middle) <u>A.</u> c. (Last) <u>Ehrhardt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 26 1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John C. Kelley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stock</u>		14. NAME OF HUSBAND OR WIFE <u>Charles B. Ehrhardt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl B. Ehrhardt 2203a McCausland</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>20 yrs</u> <u>23 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerotic &amp; Hypertensive C-V Disease</u>	
		DUE TO (c) <u>Rheumatic Heart Disease mitral stenosis.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>410X</u>

22. I hereby certify that I attended the deceased from 5/23, 1950 to 5/27, 1950, that I last saw the deceased alive on 5/27, 1950 and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Name of title) <u>Mona Cleef M. D. U.</u>		23b. ADDRESS <u>601 Humboldt Bldg</u>	23c. DATE SIGNED <u>5/27/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Cty. Mo.</u>

DATE REC'D BY LOCAL REG. <u>MAY 28 1950</u>	REGISTRAR'S SIGNATURE <u>J.D. Lasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PH. Dorey, Fun. Home 6136 Clayton Rd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

Rec'd 49 17 Mo

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

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 ME

working under my personal supervision.

Student Embalmer No.....

Signed.....

G. W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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