

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

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31829**

BIRTH NO. **69377-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2238**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place) 24 Days	c. CITY OR TOWN ST LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) KAREN ANN b. (Middle) EHRHARD c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) SEPT 27-1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH SEPT 3-1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 24 IF UNDER 24 HRS. Days Hours Mins.
11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lloyd EHRHARD		13b. MOTHER'S MAIDEN NAME THERESA WEISS	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Ehrhard 3739 S Hydraulic
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 19. DIRECTLY LEADING TO DEATH* (a) Renal failure INTERVAL BETWEEN ONSET AND DEATH 2 hrs ANTECEDENT CAUSES DUE TO (b) metabolic imbalance DUE TO (c) Escherichia Coli fetus 7700 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 3, 1955 , to Sept 27, 1955 , that I last saw the deceased alive on Sept 26, 1955 , and that death occurred at 7:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C.P. Spryler MD.		23b. ADDRESS 3209 S. Grand	23c. DATE SIGNED 9-27-55
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE SEPT 28-1955	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION SEM.	24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO.
DATE REC'D BY LOCAL REG. 9-27-55	REGISTRAR'S SIGNATURE Herbert R. Donah	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Grannis.	

S.G.

(Licensed Embalmer's Statement on Reverse Side)

For 1.7388
1-5 TUE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Not embalmed

Student.....
Signature of Student Embalmer

Signed *Geo J Beedd*
Licensed Embalmer No. 398

P. O. Address *St Louis*

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