

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

32012
State File No. 32012
Registrar's No. 7385

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7385 | | | |
| 1. PLACE OF DEATH a. COUNTY ST. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | | | e. STREET ADDRESS (If rural, give location) 1370 3716 Neosho | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) _____ c. (Last) Ehrhard | | | 4. DATE OF DEATH (Month) (Day) (Year) 8 - 9 - 56 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH FEB. 13, 1891 | | | |
| 9. AGE (In years last birthday) 65 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BOOKBINDER | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | | |
| 11a. FATHER'S NAME CHARLES EHRHARD | | 11b. MOTHER'S MAIDEN NAME MARY SCHMITT | | 14. NAME OF HUSBAND OR WIFE Mrs. Anna Ehrhard | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 494-03-7261 | | 17. INFORMANT'S SIGNATURE OR NAME Stilbert J. Henke M.D. ADDRESS _____ | | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? 204.1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from 8-6, 1956 , to 8-9, 1956 , that I last saw the deceased alive on 8-8, 1956 , and that death occurred at 4:10 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Joseph J. Rowley M.D. (Degree or title) | | 23b. ADDRESS 1325 S. Grand Blvd | | 23c. DATE SIGNED AUG 10 1956 | | | | | |
| 24a. BURIAL/CREMATION REMOVAL (Specify) REMOVAL | | 24b. DATE AUG. 11, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY ST. PAUL CHURCH YARD | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO. | | | |
| DATE REC'D BY LOCAL REG. AUG 10 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE WITT BROS., L. + V. CO. 2929 S. Jefferson Ave ADDRESS _____ | | | | | |

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Wyland, Jr.*
Licensed Embalmer No. *4513*
P. O. Address *St Louis,*

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.