

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

State File No. **8054**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Cole City Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		d. STREET ADDRESS (If rural, give location) 620 Delaware	
d. FULL NAME OF HOSPITAL OR INSTITUTION 620 Delaware Delaware			

3. NAME OF DECEASED (Type or Print) a. (First) Forrest Louis Erhardt b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1957		
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5. SEX <input type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 24, 1893	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months 0 Days 18	11. UNDER 1 Hrs. 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police & Traffic Officer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Zion Community, Jefferson City		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Erhardt	13b. MOTHER'S MAIDEN NAME Ottillie Loesch	14. NAME OF HUSBAND OR WIFE unk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Milburn Erhardt	ADDRESS Jefferson City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding esophageal varices		
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of the liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 5810
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 **Jan 17, 1957**, to **Mar 11, 1957**, that I last saw the deceased alive on **Mar 11, 1957**, and that death occurred at **5:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Norris, M.D.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 3-12-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 13, 1957	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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DATE REC'D BY LOCAL REG. 15 March 1957	REGISTRAR'S SIGNATURE R. P. Norris, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Victor Bruecke, J.C.M.O.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10-48

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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

Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J. B. 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.