

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19616

STATE FILE NUMBER

FILED JUN 10 1957 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1363

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN Richmond Hgbs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7723 Brookline Terr.		d. STREET ADDRESS (If outside, give location) 7723 Brookline Terr.	

3. NAME OF DECEASED (Type or print) EDWARD G KEHDE	4. DATE OF DEATH May 28 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker	10b. KIND OF BUSINESS OR INDUSTRY Merc. Com. Bank	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Gustavis Kehde	14. MOTHER'S MAIDEN NAME Augusta Hommerstein
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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. 500-26-2710A	17. INFORMANT Anna Kehde 7723 Brookline Terr
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Arteriosclerosis general DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 days <i>estimated</i> 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332X
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo.	STATE Mo.
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21. I attended the deceased from **11/22/54** to **5/28/57** and last saw ^{her}him alive on **5/27/57**
Death occurred at **12:45 P.** m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) C. H. Bockelmann M.D.	22b. ADDRESS 2615 Brentwood Blvd	22c. DATE SIGNED 5/29/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE May 29-1957	23c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR A. H. Bocklage	ADDRESS 6536 Clayton Rd.	25. STATE RECD. BY LOCAL REG. 5-29-57	26. REGISTRAR'S SIGNATURE Herbert A. Donk
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(Licensed Embalmer's Statement on Reverse Side)

Health & Welfare Public Service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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156

51.

