

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021951

XC14809066, R# A1384

STATE FILE NUMBER

DECEASED VS **MAY 3 1 1960**

317

Registration District No. **500** Registrar's No. **1430**

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived if information: Residence before admission) a. STATE MO. b. COUNTY None		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		Length of stay in 1b 3 DAYS	c. CITY OR TOWN University City ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7153 AMHERST	
3. NAME OF DECEASED (Type or print) First LOUIS Middle RALPH Last SEHRT			4. DATE OF DEATH Month MAY Day 1 Year 1960		
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 7-3-06	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME LOUIS ROBERT SEHRT		13b. MOTHER'S MAIDEN NAME ANNA E. FAHERTY		14. NAME OF HUSBAND OR WIFE ADELAIDE SEHRT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address LOUIS, MO. ADELAIDE SEHRT, WIFE, 7153 AMHERST, ST.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH 1 WK
IMMEDIATE CAUSE (a) MEDIASTINITIS PERICARDITIS					IND.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHOGENIC CARCINOMA					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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 COUNTY STATE			
21. I attended the deceased from VA 4-28-60 to 5-1-60 Death occurred at 7:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. OPPLER, DIRECTOR, PROFESSIONAL SERVICES VAH, JEFFERSON BARRACKS, MO.			22b. ADDRESS Jefferson Barracks, Mo.		22c. DATE SIGNED 5-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/4/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Edward Fendler 5611 So. Grand Blvd.		25. DATE RECD. BY LOCAL REG. MAY 2 1960		26. REGISTRAR'S SIGNATURE <i>John G. W...</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Humphrey

Licensed Embalmer No. 4772

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.