

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007994
STATE FILE NUMBER

AMENDED Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1861**

FILED FEB 23 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **1 week**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lutheran Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Affton** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **8617 Neier Lane** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
AUGUST B. EHRHARDT, Jr. **Feb. 13, 1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7/17/1920** 9. AGE (last birthday) **41**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **caterer** 10b. KIND OF BUSINESS OR INDUSTRY **catering service** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **August B. Ehrhardt** 13b. MOTHER'S MAIDEN NAME **Anna Wasser** 14. NAME OF HUSBAND OR WIFE **Anita Howe**

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. 17. INFORMANT Address **Mrs. Anita Ehrhardt, 8617 Neier Lane (23)**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Lymphosarcoma** INTERVAL BETWEEN ONSET AND DEATH **6 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) **2001**

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. Yes N- Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **12/26/61** to **2/13/62** and last saw her him alive on **2/12/62**. Death occurred at **4:45 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Frede Mortensen** (Degree or title) **M.D.** 22b. ADDRESS **3701 Grandel Sq.** 22c. DATE SIGNED **2/13/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **2/15/62** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **BEIDERWIEDEN F.H.INC., 1936 St. Louis Ave.** 25. DATE RECD. BY LOCAL REG. **FEB 14 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Dr. Frede Mortensen
3701 Grandel Sq.

12:30 to 4 PM

NO Thursday

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 Homer H. Jutz

Licensed Embalmer No. 3882

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.