MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2827

File No. 404

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 3837 Garfield Ave. St. ..... Ward)

2. FULL NAME Mary A Ehrlich

(a) Residence. No. 1461 Benton St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Ehrlich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 - 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	—	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Litchfield
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Levy Dees

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Alice Decker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs Cora Jack
(Address) 3837 Garfield

15. FILED JAN 12 1927 19 Max C Starnoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1927, to Jan 10, 1927 that I last saw her alive on Jan 9, 1927, and that death occurred, on the date stated above, at 3.35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

From History (duration) ..... yrs. 1 mos. or more ds.

CONTRIBUTORY (SECONDARY) Nervous & Physical over strain (duration) ..... yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam.

(Signed) J. O. Pieler, M. D

Jan 11, 1927 (Address) 2505 N 15th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem

DATE OF BURIAL Jan 13 1927

20. UNDERTAKER A Kron L Ulo

ADDRESS 2707 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.