

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

Do not use this space.

2906

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Luke's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 353

**2. FULL NAME** ARTHUR MILTON EHRNMAN

(a) Residence. No. 2509 Bellevue St., 12 Ward. Richmond Hts. St. Louis Co  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred X yrs. X mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie A. Ehrnman</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 15, 1859</u>					
7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, ..... hrs. or ..... min.	
	<u>70</u>	<u>11</u>	<u>26</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Store keeper</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>St. Luke's Hospital</u>					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) Keokuk  
 (STATE OR COUNTRY) IOWA

PARENTS	10. NAME OF FATHER <u>Thomas G. Ehrnman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Fairfield Co.</u> (STATE OR COUNTRY) <u>Ohio.</u>
	12. MAIDEN NAME OF MOTHER <u>Susanah Christy</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Lancaster</u> (STATE OR COUNTRY) <u>Pa.</u>

14. INFORMANT A. G. Ehrnman  
 (Address) 2509 Bellevue Ave.

15. FILED JAN 12 1930  
 19 \_\_\_\_\_  
 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1930, to Jan 10, 1930  
 that I last saw him alive on Jan 10, 1930, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Thrombosis  
93C  
94B  
 (duration) ..... yrs. .... mos. 16 ds.  
 CONTRIBUTORY Chronic Myocarditis  
 (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? no  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? physical findings  
 (Signed) George H. Woods, M. D.  
1-10, 1930 (Address) St. Luke's Hosp.

\*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 Oak Grove Receiving Tomb DATE OF BURIAL 1/13 1930

20. UNDERTAKER Alexander and Sons ADDRESS 6175 Delmar

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.

2 1930

WHITE TALKING WITH CHAIRING INK—THIS IS A PENNENI RECORD

