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

Do not use this space.
29561-B

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JAN 19 1931

PLACE OF DEATH
County Franklin
Township Boon
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 29
Primary Registration District No. 5415a

File No. 1
Registered No. 30

2. FULL NAME Wm. Ehrlich

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Josie Ehrlich.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11. 1877

7. AGE: Years 53 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Owensville Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Gotfard Ehrlich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ema Holt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Owensville
(STATE OR COUNTRY)

14. INFORMANT Viola Koppelman
(Address) 1818 Lafayette St. Louis Mo.

15. FILED Jan 10 1931 Jas. P. Dunigan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide By Firearm
167
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Suicide
..... (duration) ..... yrs. ..... 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
(Signed) Thos. R. Hoffer Coroner
Sept 10. 1930 (Address) Sullivan Mo

*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: St Paul Cemetery Herald Mo.
DATE OF BURIAL: 9/13 1930

20. UNDERTAKER: E. H. Oltmann
ADDRESS: Union Mo.

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.