

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

Do not use this space.

14820

**1. PLACE OF DEATH**

57 County Linn Registration District No. 550  
Township Jefferson Primary Registration District No. 6665  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 6

**2. FULL NAME**

(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 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 Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On his farm  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mendon 10  
(STATE OR COUNTRY) Germany

13. NAME Chris Ehrlich

14. BIRTHPLACE (CITY OR TOWN) Mendon  
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Christina Traute

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ehrlich  
(ADDRESS) Laclede Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Laclede DATE Apr. 19 .....

19. UNDERTAKER J. G. Thorne  
(ADDRESS) Laclede Mo

20. FILED 4/10 19 31 J. D. Busch  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9 19 31  
22. I HEREBY CERTIFY, That I attended deceased from Apr 7 19 31 to April 9 19 31  
I last saw him alive on April 9 19 31. Death is said to have occurred on the date stated above, at 4:15 P. M.  
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia  
HA  
107A  
Other contributory causes of importance: Influenza

Date of onset 4/3/31  
4/1/31

Name of operation none Date of X  
What test confirmed diagnosis? Aspirate Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury 7 19 .....

Where did injury occur? Y  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
Nature of injury Y

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) J. D. Busch M. D.  
(Address) Laclede Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1931

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