

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

Do not use this space.

23500

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. St. Anthony's Hospital)

File No.
Registered No. 7013
St. Ward)

2. FULL NAME

Harry B. Ehler

(a) Residence. No. 2023 Clark Ave St. 22 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 / 1931

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

17. I HEREBY CERTIFY, That I attended deceased from 4/27/31 to 6-23 1931

that I last saw him alive on 6/23 1931, and that death occurred, on the date stated above, at 2:55 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2nd 1884

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>46</u>	<u>6</u>	<u>21</u>	

Heart Block -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Saloon Keeper 7th L.

95A
aircellar fibulation (duration) yrs. mos. ds. 1 hr.

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

CONTRIBUTORY (SECONDARY) on + off 6 (duration) yrs. mos. ds.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 95A
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER William H Ehler

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Ray - Electrocardiogram
(Signed) Wm Simpson M. D.

12. MAIDEN NAME OF MOTHER Anna Pugetmueller

6/24 . 1931 (Address) 3729 Gravois ave

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

*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.

14. INFORMANT Mrs Anna Ehler (Address) 2023 Clark Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL June 26 1931

15. FILED 25 1931 May E Towler REGISTRAR

20. UNDERTAKER Math Hermann & Son 2161 Fair ADDRESS ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten signature and a circled number 2.