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.

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

Do not use this space.

26534

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 26534

Township ..... Primary Registration District No. ..... Registered No. 7687

City St. Louis (No. Mississippi River ft of N. Market Ward)

2. FULL NAME Henry Ehlers

(a) Residence, No. 1520 Warren Street 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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1885

7. AGE: Years 45 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Fred Ehlers

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

MOTHER

15. MAIDEN NAME Minnie Radge

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

17. INFORMANT Mrs. F. Dietz (ADDRESS) 4131 Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Cemetery DATE Aug 10 1931

19. UNDERTAKER Walter Kirchner (ADDRESS) 2161 Rau Ave

20. FILED Aug 10 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

Thomas Bond

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation due to drowning	
whether accidental or intentional not ascertained	

Other contributory causes of importance:

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Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos Bond M.D.

(Address) Hyde Park Carondelet

7/16/31