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.

NOV 28 1931

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

Do not use this space.

35574

1. PLACE OF DEATH
County: St Louis — Registration District No.: 718
Township: Webster Groves — Primary Registration District No.: 4471
City: Webster Groves (No. 140, Valley Rd St., Ward)

File No.:
Registered No.: 16

2. FULL NAME: Sarah Louise Ehrman

(a) Residence, No. 140 Valley Rd 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. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30, 1922

7. AGE: Years 9 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Invalid
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: Edwin T. Ehrman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshall Mo

MOTHER
15. MAIDEN NAME: Ethel Dillahunty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osceola Ark

17. INFORMANT (ADDRESS): Ethel Ehrman, 140 Valley Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Mo DATE: 10/16/31, 19

19. UNDERTAKER (ADDRESS): Alexander & Sons, 6175 Delmar Blvd

20. FILED: 10-15, 1931 Dr. A. W. Westrup, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931, to Oct 14, 1931
I last saw her alive on Oct 14, 1931. Death is said to have occurred on the date stated above, at 3:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
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Other contributory causes of importance: —

Name of operation: none Date of: —
What test confirmed diagnosis? — Was there an autopsy?

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? no
If so, specify

(Signed) Vincent Townsend, M. D.
(Address) 3101 a Sullivan Ave
Maplewood Mo

Dr Townsend
3101a Sutton Ave
10 h 11 A.M.

204 Gegbend