

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

Do not use this space.

6840

1. PLACE OF DEATH

County..... Registration District No. 797
 Townshp..... Primary Registration District No. 1003
 City St. Louis Mo (No. 1117 St. Louis Ave) St. Ward)

File No.....
 Registered No. 1920

2. FULL NAME Mary Ehlhardt

(a) Residence, No. 1117 St. Louis Ave St. 26 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Ehlhardt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4 - 1870</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>			
	13. NAME <u>Mrs. Obels.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Anastasia Finckenstich</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>August Ehlhardt</u> (ADDRESS) <u>1117 St. Louis Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catvary</u> DATE <u>March 1, 1932</u>				
19. UNDERTAKER <u>W. Reidner and Co</u> (ADDRESS) <u>1417 N. Market St</u>				
20. FILED <u>1932</u> <u>W. E. Starling</u> Registrar				

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26th, 1932

22. I HEREBY CERTIFY that I attended deceased from July 31, 1931 (to) July 26, 1932
 Last saw him alive on July 26, 1932 Death is said to have occurred on the date stated above, at 7⁴⁵ P.M.
 The principal cause of death and related causes of importance were as follows:
Heart Block (Complete) Date of onset 131
1921 1930
1930 1931
 Other contributory causes of importance:
Chronic Myocarditis
Chronic Renal Disease
Chronic Arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis? Chinid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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..... (1)

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) W. E. Starling M. D.
 (Address) 1117 St. Louis Ave

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.

