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.

21348

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1008~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5906

City St Louis (No. City Hospital St. ..... Ward)

4029

2. FULL NAME Marie Ehrler

(a) Residence, No. 8784 No Broadway St., 8 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
21	10	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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 Missouri

FATHER

13. NAME John Blasko

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

MOTHER

15. MAIDEN NAME Catherine Budia

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

17. INFORMANT (ADDRESS) Hospital Information Gladys Hempel City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE June 25 1932

19. UNDERTAKER (ADDRESS) Math. Kirmany & Son 2161 East Fair Ave.

20. FILED JUN 23 1932 Max C. Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to June 22, 1932

I last saw her alive on June 22, 1932. Death is said to have occurred on the date stated above, at 10:10 A.m.

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

	Date of onset
Toxemia of Pregnancy	
147	
922	

Other contributory causes of importance:

Chr Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin 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) J. Reichman, M. D.

(Address) City Hospital #1