

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

Do not use this space.

26436  
6596

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo (No. City槐街 11) St. .... Ward .....

File No. ....  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

Alma A. Ehrlich  
(a) Residence, No. 3125 N 25<sup>th</sup> St St. 20 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 - 1904  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 30 2 20  
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. ....  
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

13. NAME August Holt

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

15. MAIDEN NAME Minnie Loesche

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

17. INFORMANT (ADDRESS) Myer M. Ehrlich 3125 N 25<sup>th</sup> St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE July 6 1934

19. UNDERTAKER (ADDRESS) By Leidner and Co 1417 N Market St

20. FILED UL - 4 1934 J. D. Bralcher 7/2/34

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3<sup>rd</sup> 1934

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 2:30 A.M.

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

Encephalitis  
Edema of Brain

Other contributory causes of importance:

Dislocated shoulder due to fall at residence (to floor), June 24, 1934, at about 5:00 A.M.

Name of operation..... Date of.....  
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? Accident Date of injury 6/24, 19 34  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)

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

Manner of injury Fall to floor

Nature of injury Dislocated shoulder

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

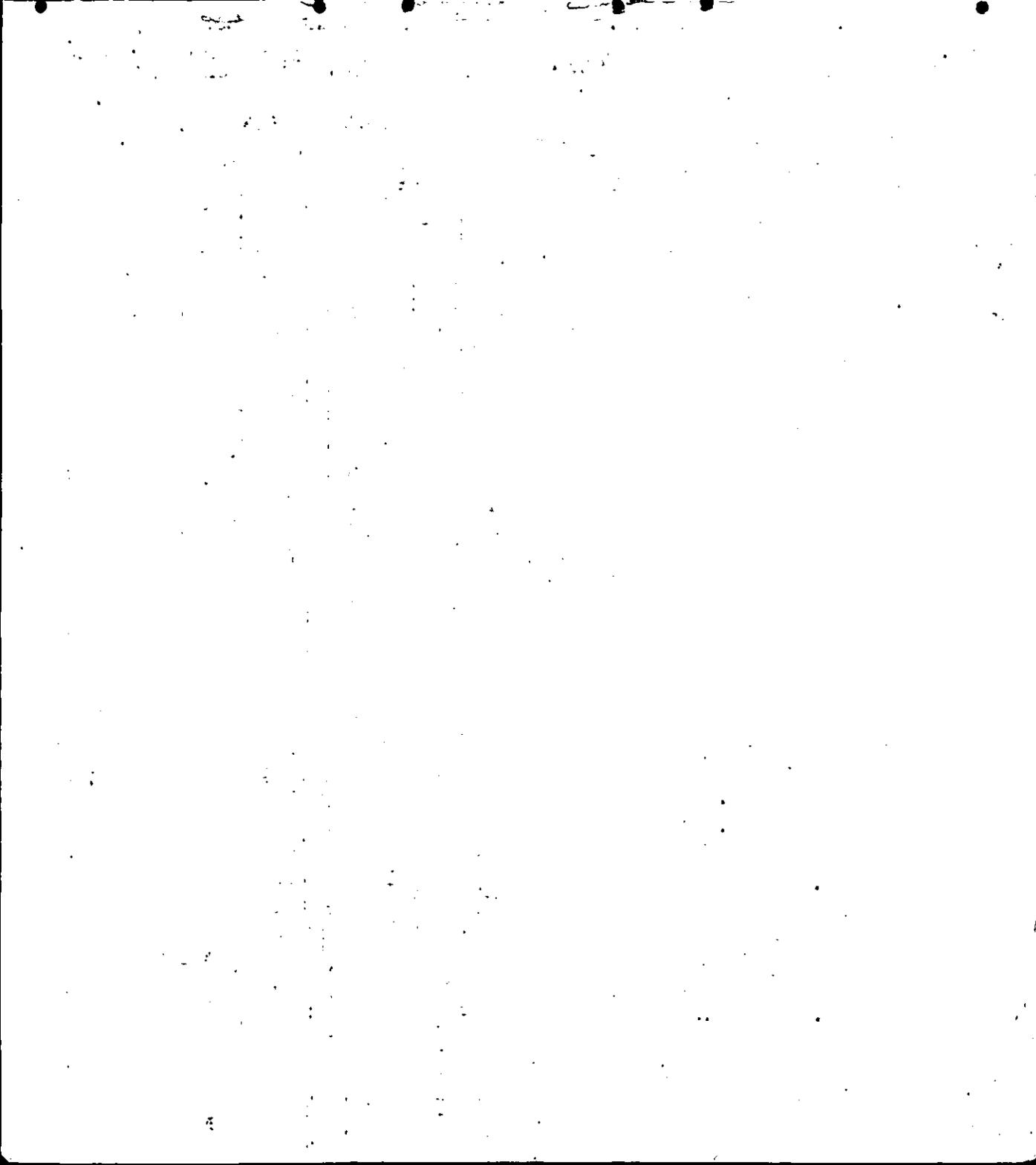
If so, specify .....

(Signed) John J. Sweeney M.D.  
(Address) Deputy Coroner

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.

701-13-1934



#2 St. Louis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,

Special Agent,

Jefferson City, Mo.

6596

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Olma A. Ehrlich  
Who died at City Hosp - #1 on July 3 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex 7 Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 30 Months 2 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Encephalitis - non epidemic  
Edema of Brain.

Other contributory causes of importance Dislocated shoulder

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician Blinnet Kelly

Address of physician \_\_\_\_\_

Signature of Registrar J. J. Brooks 9-24-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,

Primary Reg. Dist. No. 1003

E. T. McGaugh, M.D.  
Special Agent.

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