

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.

MAY 13 1935

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City St. Louis (No. 2927 N 13th St)

File No. **14493**
Registered No. **3326**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2927 N 13th 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Ehlhardt</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8-1863</u> | | |
| 7. AGE | YEARS <u>71</u> | MONTHS <u>9</u> |
| | DAYS <u>7</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>Laborer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Planing Mill</u> | |
| | 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) <u>Germany</u> | | |
| FATHER | 13. NAME <u>Don't Know</u> | |
| FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " | |
| MOTHER | 15. MAIDEN NAME " " | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " | |
| 17. INFORMANT (ADDRESS) <u>John D. Ehlhardt</u> <u>2927 N 13th St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter</u> DATE <u>Apr. 12 1935</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>H. J. Reiber, Und. Co.</u> <u>1417 N. Market St.</u> | | |
| 20. FILED <u>APR 12 1935</u> <u>J. Brebeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1935 to Apr. 10, 1935
I last saw him alive on Apr. 10, 1935 Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Apr. 7
Cyanosis Apr. 9

Other contributory causes of importance: _____

Name of operation _____ 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 Herman D. Nottm
(Signed) Herman D. Nottm M. D.
(Address) 2728 N. 11. St

