

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

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

Do not use this space.

OCT 5 1936

35833

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **3626 Tholozan Ave.**)

File No.....
 Registered No. **9455**
 St. Ward)

NAME Henrietta Ehser.

(a) Residence, No. **3626 Tholozan Ave.** St. **16** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Ehser**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6 1850**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 3 7

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

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) **Germany**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **William Ehser**
 (ADDRESS) **3626 Tholozan Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia** DATE **Sept. 15 1936**

19. UNDERTAKER **Wacker, Helderle**
 (ADDRESS) **2331 S. Broadway**

20. FILED **SEP 14 1936**
J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 13 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 22nd**, 1936, to **Sept. 13th**, 1936
 I last saw her alive on **Sept. 13th**, 1936 Death is said to have occurred on the date stated above, at **12:20 A.M.**

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

Heart exhaustion
not heart stroke
old age infirmities
162

Other contributory causes of importance:

Name of operation **None** Date of
 What test confirmed diagnosis? **Clinical** 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? **No**
 If so, specify

(Signed) **B. W. Wood** M. D.
 (Address) **3527 Oregon, St. Louis, Mo.**

