

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

39727  
Do not use this space.

DEC 13 1937

791  
1003

Registered No. 10714

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City Saint Louis, Missouri. (d) Street No. Cherokee & Pennsylvania St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Sophie Ehrichs.

(a) Residence, No. 3523 Minnesota Ave. St. 16 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Ehrichs  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st, 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 7 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as 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) Missouri

13. NAME Henry Euler

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

15. MAIDEN NAME Mary Born

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

17. INFORMANT Marie Ehrichs. (ADDRESS) 3523 Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Brrial Park DATE November 20th, 37

19. FUNERAL DIRECTOR Craig Undertaking Co. (ADDRESS) 4468 Washington Ave.

20. FILE NO. NOV 19 1937 J. P. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th., 1937, to Nov. 17th., 1937

I last saw her alive on Nov. 16th., 1937. Death is said to have occurred on the date stated above, at 7:50 P.M.

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

Aortic and Mitral Regurgitation

Date of onset

Other contributory causes of importance: General Arterio Sclerosis

Name of operation None Clinical Date of.....  
 What test confirmed diagnosis? Findings 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. Klippel M. D., M. D.  
 (Address) 3772a So. Broadway.

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.

000  
10  
10

STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 3281

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Philip M. Craig

Licensed Embalmer No. 3281

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**