

REC. AUG 12 1938

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

23526  
Do not use this space.  
6220

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. Enroute to City Hospital, #1 Registered No. 6220  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 George Ehret

(a) Residence, No. 3328 Lemp Ave. St. 24  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Ehret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. Abt. 66

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Malt Dept.  
9. Industry or business in which work was done, as saw mill, bank, etc. Ansheuser-Busch  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation. 45

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary Ehret  
3328 Lemp Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July, 13th., 1938

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle  
2351 S. Broadway

20. FILED JUL 12 1938 J. P. Brudeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 11th., 1938

22. I HEREBY CERTIFY That I attended deceased from 2/24/38 to 4.5.1938 from 6/30/38 to 7/11, 1938  
I last saw him alive on 7/10, 1938. Death is said to have occurred on the date stated above, at 8.15 A.M.  
The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage  
Gastric Ulcer  
Date of onset 7/9/38  
Feb 38

Other contributory causes of importance: Hepatic Cirrhosis with Ascites

Name of operation no Date of no  
What test confirmed diagnosis Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) J. P. Brudeck, M. D.  
(Address) 2351 S. Broadway

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

STATEMENT BY LICENSED EMBALMER

I, Robert C. Wheeler, Licensed Embalmer No. 2128

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 Robert C. Wheeler

Licensed Embalmer No. 2128

**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.)**