

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

**12081**  
Do not use this space.

APR 13 1939

1. PLACE OF DEATH

(a) County..... St Charles ..... 2 Registration District No..... 757

(b) Township..... St Charles ..... 1 Primary Registration District No..... 3036

(c) City..... St Charles ..... (d) Street No..... 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 Mary Ann Ehrhard

(a) Residence, No. 820 Madison St. St Charles Mo St.  (If nonresident, give city or town and State)

**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 Casper Ehrhard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26<sup>th</sup> 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

88      7      5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Out done

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) St Louis Mo

FATHER

13. NAME Joseph Koltzschmieder

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

MOTHER

15. MAIDEN NAME Agnes Brown

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

17. INFORMANT (ADDRESS) Joseph Ehrhard St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baroness Cem. DATE March 4<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. H. Hallinger & Sons Co St Charles Mo

20. FILED 3/4 1939 Clarence S. Mueller Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1<sup>st</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1830, to March 1839

I last saw her alive on March 1839 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Senile arterio-sclerotic

Date of onset 1920

Other contributory causes of importance: AM

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?..... If so, specify.....

(Signed) P. J. Carter M. D.

(Address) St Charles, Mo.

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.

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**