DEC'D MAY 18 1939

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

15469
Do not use this space.

1. PLACE OF DEATH
(a) County Maries
(b) Township Jackson
(c) City Vienna
Registration District No. 542
Primary Registration District No. 5731
File # 19 — 39
Registered No. 6 — 39
(d) Street No. ..... 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 Philip Paul Ihler
(a) Residence, No. Vienna Mo St.
(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 Kate Ihler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1874
7. AGE Years 64 Months 9 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toad Mo 0

FATHER
13. NAME Paul Ihler 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 0

MOTHER
15. MAIDEN NAME Jennie Tellman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County

17. INFORMANT (ADDRESS) Kate Ihler Vienna Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna DATE 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Bunnenhaus Vienna Mo
20. FILED 5/10/ 1939 Jeremy M. Eyde Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1939, to April 20, 1939
I last saw him alive on April 14, 1939 Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar
108
Date of onset
Other contributory causes of importance:
Name of operation none Date of —
What test confirmed diagnosis? none 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 none
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) O. H. Jones, M. D.
(Address) Vienna Mo.

Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

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 W. C. Cunningham

Licensed Embalmer No. 1364

P. O. Address Cushing Mo

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.