

JUN 1 1939

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

18972  
Do not use this space.

1. PLACE OF DEATH *Jefferson*

(a) County *Jefferson* Registration District No. *422*

(b) Township *Central* Primary Registration District No. *5577* Registered No. \_\_\_\_\_

(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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 *462 EARL EHLERS*

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 22 - 1925*

7. AGE YEARS *13* MONTHS *9* DAYS *7* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as saw mill, bank, etc. *None*

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) *Hillsboro mo.*

FATHER 13. NAME *Oscar Ehlers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *House Springs*

MOTHER 15. MAIDEN NAME *Pauline Kassel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Antonia mo*

17. INFORMANT *Oscar Ehlers*  
(ADDRESS) *Hillsboro mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Pauls Lutheran Cemetery* DATE *May 21st 1939*

19. FUNERAL DIRECTOR *Heiligtag Opmerl Home*  
(ADDRESS) *Hillsboro mo RR#2*

20. FILED *May 31 1939* *Mildred Perry*  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29th 1939*

HEREBY CERTIFY, That I attended deceased *By request duties may 30 - 1939*

I last saw h. *alive on* \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at *9-100* a.m.

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

Date of onset *May 29 1939*

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *X* Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? *X* (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 *Frank Frazier, Coronado*  
(Signed) *Frazier, Mo.* (Address) \_\_\_\_\_

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.

FORM-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Fred H. Heiligtag, Licensed Embalmer No. 3150

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 Fred H. Heiligtag  
Licensed Embalmer No. 3150

**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.)**