

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community 63 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES F. EHRENBURG 151

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helena Luer Ehrenberg 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 30 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 4 hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business Federal Reserve Bank

12. Name Charles Ehrenberg

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Pauline Judd
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Helena Ehrenberg

(b) Address 3725 Hydraulic

17. (a) Burial (b) Date thereof 5/6/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Charles F. Ehrenberg

(b) Address 1936 St. Louis Ave.

19. (a) MAY 6 1940 (b) [Signature]
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3725 Hydraulic
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
 year 1940 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 3
1940, to May 4, 1940
 that I last saw him alive on May 3, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Roba pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. F. Verguman (M. D. or other)

Address 6 E. 29th U. S. Highway Date signed 5/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WHITE PENCIL—USE UNFADING BLACK INK—MAKE 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.

E. W. W. Bratton
6829 Virginia

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. 3737

P. O. Address 1936 St. Louis Ave

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.