

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19382**

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **76**

1. PLACE OF DEATH:
 (a) County St Charles
 (b) City or town St Charles
 (c) Name of hospital or institution:
1715 Elm St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME AUGUST ERMELING 654
8. (b) If veteran, _____ **8. (c) Social Security** _____
 name war _____ No. _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Mare Koebel **6. (c) Age of husband or wife if** _____
alive 60 years
7. Birth date of deceased September 1st 1877
 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 8 If less than one day _____
 hr. _____ min. _____

9. Birthplace St Charles _____
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____
12. Name Herman Ermeling
13. Birthplace Not known _____
 (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Koebel
15. Birthplace Not known _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Ermeling
(b) Address St Charles Mo

17. (a) Burial _____ **(b) Date thereof** May 12 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Walter Ermsen - Baker
(b) Address 326 76th St - St Charles Mo

19. (a) 5/11/40 **(b) Clarence D. Muesel**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Charles
 (c) City or town St Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1715 Elm St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
 year 1940 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 18 40
 _____, 19____, to May 9 _____, 19____;
 that I last saw him alive on May 7 _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary heart Disease 3yrs

Due to _____

Other conditions Angina Pectoris 3yrs
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
9412
 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? _____
670 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature W. J. Towers (M. D. or other) MD
 Address 121 N. Main St. Date signed 5/19/40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.

1 X (1051)

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 *Arthur C. Baul*.....

Licensed Embalmer No. *3155*.....

P. O. Address *St Charles 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.