S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20449

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5397

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: 3927 Ohio Street 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 24
(If outside city or town limits write "RURAL")

(d) Street No. 3927 Ohio Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mr. William V. Ehrhardt 663

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Katherine Ehrhardt

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 10th, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	4	11	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Plumber 6

11. Industry or business Plumbing

FATHER
12. Name William Ehrhardt 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Emilia Hoffmann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Katherine Ehrhardt
(b) Address 3927 Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Beiderwieden funeral home
(b) Address 1936 St. Louis Avenue

19. (a) JUN 24 1940 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 15, 1939, to June 21, 1940 that I last saw him alive on June 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerotic disease of heart with myocardial damage and insufficiency

Due to

Due to

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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

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

23. Signature George J. Epp Jr. (M. D. or other)
Address 3235 So. Grand Date signed 6-22-40

(Licensed Embalmer's Statement on Reverse Side)

6:30 - 8:00

Dr. Epp
3235 S. Grand

Pr 3433

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 Max L. Warfel, Registered Apprentice No. 215, working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.