

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.

REG OCT 10 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1852

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3052 Arlmont Dr.
(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 Edwin H. Ehrler

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 Widower

6. (b) Name of husband or wife Sophia

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

7. Birth date of deceased June 12, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name William Ehrler

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

14. Maiden name Hanna Woerheide

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

16. (a) Informant's own signature Madame Schmitt

(b) Address 3052 Arlmont Dr.

17. (a) Cremation (b) Date thereof 10/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Charles Bronn

(b) Address 4911 Washington Bl.

19. (a) OCT - 2 1940 (b) W. H. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 3052 Arlmont Dr.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1940 hour 11 minute 30 a M.

21. I hereby certify that I attended the deceased from Sept 18, 1940 to Sept 30, 1940
that I last saw him alive on Sept 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerative Colitis

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature H. A. Upmeyer (M. D. or other) MD

Address 1511 S Grand Date signed 10/1/40

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 *Thomas F. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis 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.