

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7825
Registrar's No. 446

FILED MAR 10 1942
Registration District No. 784

Primary Registration District No. 111

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1702 Big Bend
(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. (c) PRINT FULL NAME Caroline Ehrmann Henry
3. (b) If veteran, name war NO
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fredrick E. Henry
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 13 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Charles Ehrmann
13. Birthplace Schauffhausen 5 Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Julia Hindrichs
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fredrick E. Henry
(b) Address 1702 Big Bend

17. (a) Cremation (b) Date thereof 2/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) FEB 26 1942 (b) _____
(Date received local registrar) (Registrar's signature) AK

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saint Louis 94
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1702 Big Bend 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21th
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 20 4:15 to 2/21 1942
I last saw her alive on Feb 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Stomach) 6 mo
Duration

Due to _____
Due to _____
Other conditions ✓
(Include pregnancy within 3 months of death) 4/4/42

Major findings: Carcinoma Greater Curvature of Stomach
Of operations ✓
Of autopsy Not made
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 P. J. Ambruster (M. D. or other) 0
Address 1537 South Grand Avenue Date signed _____

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. 1994
P. O. Address Saint 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, fact should be so stated above.