

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2636 Jule
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stella Schwab Ehrlich

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 Albert H. Ehrlich 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar 27 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 19 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Issac Schwab

13. Birthplace Bad Kissingen Bavarian
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Stern

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

16. (a) Informant Albert H. Ehrlich

(b) Address 2636 Jule

17. (a) Removal (b) Date thereof May 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, MO

18. (a) Signature of funeral director Thelma F. Low Inc

(b) Address 1946 Calhoun

19. (a) 5-18-42 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 10 1942 to May 16 1942
that I last saw her alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Streptococcus Meningitidis Duration May 12
Broncho-Pneumonia May 10

Due to Cylo-nephritis Duration May 10

Due to _____

Other conditions Hypertension Unknown
(Include pregnancy within 6 months of death)

Major findings: Of operations none 8/1a

Of autopsy none

PHYSICIAN _____

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

(a) Accident, suicide, or homicide (specify) no

(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? no

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

23. Signature Ray J. [Signature] (M. D. or other) MD

Address St. Joseph Mo Date signed 5-16-42

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

11
1
4

SEP 29 1942

JUN 28 1943

FEB 15 1951

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 May 16 42, Registered Apprentice No. _____ working under my personal supervision.

Signed John H. Hurley
Licensed Embalmer No. 4050
P. O. Address St Joseph 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, fact should be so stated above.