V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17894

State File No.

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 53

36
6
2

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks. (Specify whether
In this community 77 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington 36
(If outside city or town limits, write "RURAL")
(d) Street No. 625 W. Fifth St. 6
(If rural, give location)
(e) Citizen of foreign country? No. (~~Yes~~ or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME ELIZABETH ERNST

3. (b) If veteran, name war No.
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband ~~or wife~~ Henry Ernst
6. (c) Age of husband ~~or~~ wife if alive ✓ years
7. Birth date of deceased October (Month) 21 (Day) 1851 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	7	1	hr. min.

9. Birthplace Huesten (City, town, or county) 4 Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Engelbert Noelke
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Clara Lange
15. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Louis C. Ernst
(b) Address 625 W. 5th St. Washington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Niebuhr & Vitt, Inc.
(b) Address Washington, Missouri
19. (a) May 23-42 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

1181

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1942 hour 3:00 minute 50 P.M.
21. I hereby certify that I attended the deceased from Jan. 24th 1942, to May 22 1942
that I last saw her alive on May 22 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	2 weeks
Due to Advanced Age	✓
Fracture of Neck of Right Femur	
Due to A Fall	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

1860
14

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) Accident 36
(b) Date of occurrence April 29, 1942
(c) Where did injury occur? Washington (City or town) Franklin (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work? no (e) Means of injury Fall in bathroom

23. Signature Charles E. Sutton (M. D. ~~or other~~)
Address 115 Elm St Washington Date signed 5/23/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me Lester H. Witt, ~~Registered Apprentice~~ No. ....., working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.