No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28686

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7415

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: 4312 Laclede Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 000
(a) State Mo (b) County 17
(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3603 Page Bld.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Ehret
3. (b) If veteran, name war no.
3. (c) Social Security No. 500-18-0967
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Johanna Ehret
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb 2 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	1	hr. min.

9. Birthplace Belleville Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Rooming House Proprietor
11. Industry or business
FATHER 12. Name Unknown Ehret
13. Birthplace " 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace " 9 (City, town, or county) (State or foreign country)
16. (a) Informant Herman Ehret
(b) Address 2814 Ohio Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem
18. (a) Signature of funeral director Witt Bro & Co.
(b) Address 2929 S. Jefferson Av.
19. (a) SEP 4 1942 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3. year 1942 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from 8/15, 1942 to 9/3, 1942 that I last saw h. alive on 9/1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion — 18 days
Due to
Due to
Other conditions Myocarditis, Cirrhosis
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Jos. P. Reiman (M.D. or other)
Address 225 No. Grand Date signed 9/4/42

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson A

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.