S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

1532

State File No.

Registration District No. 42 Primary Registration District No. 1008 Registrar's No. 122

**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: 2208 Francis St
(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): 71 years
In this community

**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.: 2208 Francis St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William H. Ehrlich
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mildred Ehrlich
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: January (Month) 24 (Day) 1872 (Year)

8. AGE: Years 71 Months 0 Days 0 If less than one day hr. min.

9. Birthplace: St Joseph, Missouri (City, town, or county) U (State or foreign country)
10. Usual occupation: Pres. Ehrlich Mfg Co.
11. Industry or business: Store and Office Equip.
FATHER 12. Name: Herman Ehrlich
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah Hirsch
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mildred Ehrlich
(b) Address: 2208 Francis St. St Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Mausoleum
18. (a) Signature of funeral director: Fleeman & Son Inc.
(b) Address: 1946 Colhoun
19. (a) 1-27-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 24 year 1943 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from Jan 24 1943 to Jan 24 1943 that I last saw him alive on Jan 24 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Coronary Occlusion | 2 hr. |
| Due to: Coronary Arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 940 | |
| Major findings: Of operations: None | |
| Of autopsy: None | |

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: Harold J. Brunim (M. D. or other)
Address: St Joseph, Mo Date signed: 1-25-43

1255 (Licensed Embalmer's Statement on Reverse Side)

MAY 2 1945

## 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 Robert K Gaple

Licensed Embalmer No. 3308

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.**