S. No. 2
M—5-42
v. 5-17-39
I X3283

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4142

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1536

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3873 Utah Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DEACESED:

000 12 9 16

(a) State: Missouri (b) County:

(c) City or town: St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No.: 3873 Utah Street (If rural, give location)

(e) Citizen of foreign country? -- (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Frances L. Ehrhart

3. (b) If veteran, name war: --

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Charles Ehrhart

6. (c) Age of husband or wife if alive: -- years

7. Birth date of deceased: October (Month) 19, (Day) 1862 (Year)

8. AGE: Years 80 | Months 3 | Days 26 | If less than one day: hr. min.

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

10. Usual occupation: Home

11. Industry or business: --

FATHER 12. Name: John Lammert

FATHER 13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Madeline Ehrhart

(b) Address: 3873 Utah Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 18 (Day) 43 (Year)

(c) Place: burial or cremation: Old SS Peter & Paul Cem.

18. (a) Signature of funeral director: Bader-Helderle Und. Co.

(b) Address: 3634 Gravois Avenue

19. (a) FEB 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb. 13th, 1943 to Feb. 15th 1943 that I last saw her alive on Feb. 14th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Left Side)	2 days
Due to:	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	4 yrs.

Major findings:
Of operations: XXX
Of autopsy: XX

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): 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Dr. W. H. Walters (M. D.)

Address: 3608 S. Grand Blvd. Date signed 2/16/43

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Frank P. J. Hyland

Licensed Embalmer No. 2645

P. O. Address St Louis 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.