

FILED APR 19 1943 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(c) Name of hospital or institution.....
St. Louis City Hospital
(d) Length of stay: In hospital or institution..... 1 Mo. 14 Days
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis
(d) Street No. 2857
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Ottilia Ehrlich
(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4, year 1943 hour 8:30 minute A. M.
21. I hereby certify that I attended the deceased from February 21, 1943 to April 4, 1943 that I last saw him/her alive on April 4, 1943 and that death occurred on the date and hour stated above.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death..... Lung embolus from foot embolus
Due to..... Diabetes mellitus
Other conditions.....
Major findings: Of operations.....
Of autopsy..... as above

7. Birth date of deceased Aug 23 1869
8. AGE: Years 73 Months 7 Days 12 If less than one day hr. min. 9
9. Birthplace..... (City, town, or county) (State or foreign country)

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?.....

10. Usual occupation..... Housework
11. Industry or business.....
12. Name..... Gullip Mailer
13. Birthplace..... (City, town, or county) (State or foreign country) 4
14. Maiden name..... Pauline Hegel
15. Birthplace..... (City, town, or county) (State or foreign country) 4
16. (a) Informant..... Birtha Honick
(b) Address..... 2857 Havana
17. (a) Burial (b) Date thereof April 7/43
(c) Place: burial or cremation..... Valhalla
18. (a) Signature of funeral director..... Thos. L. K. Honick
(b) Address..... 2906 Havana
19. (a) APR 6 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
23. Signature..... James Peterson (Date signed) 4/5/43
Address..... 1515 Lafayette Avenue

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.....

Thor Lutis

Licensed Embalmer No. *1619*

P. O. Address *2906 Hoover*

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.