

No. 2  
-2-43  
5-17-39  
I X35627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16304

FILED JUN 1 1944 8

State File No. \_\_\_\_\_  
Registrar's No. A720

Registration District No. \_\_\_\_\_ Primary Registration District No. 1005

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town Saint Louis Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6065 Wanda Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town Saint Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6065 Wanda Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bertha Ehlers.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 21st.  
year 1944. hour 5 minute 15 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles Ehlers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 20th, 1881.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15, 1944 to May 20, 1944  
that I last saw her alive on May 20, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: 63 Years 4 Months 1 Days If less than one day  
hr. min.

Chronic Arteriosclerosis  
Due to Cerebral Embolism  
Other conditions (Include pregnancy within 3 months of death) 83  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
1 hr  
1 day  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Grocery Business.  
11. Industry or business \_\_\_\_\_  
12. Name August Mund.  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Gene Reiger  
(b) Address 6065 Wanda  
17. (a) Burial removed (b) Date thereof May 24, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia Illinois.  
18. (a) Signature of funeral director Elegant Bros.  
(b) Address 6409 Gravois Ave.  
19. (a) J. F. Beck (b) \_\_\_\_\_  
(Date of license) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
Signature Adam H. Youngman (M. D. or other)  
Address 5439 Inabais Date signed 5/22/44

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

**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.....

*John Dean Harris*

Registered Apprentice No. 363

working under my personal supervision.

Signed *John Harris*

Licensed Embalmer No. 3880

P. O. Address.....

**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.**