

FILED JAN 31 1945
Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

691

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

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHN EHRET

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 5 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 16 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name John O. Ehret Sr.

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Wehmeier

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John O. Ehret Sr.

(b) Address 6002 Minnesota

17. (a) Burial (b) Date thereof 1/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Jes. P. Funder Jr.

(b) Address 7128 Michigan

19. (a) JAN 23 1945 (b) J. P. Funder Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 6002 Minnesota
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1945 hour 9.30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 12 1945 to Jan 21 1945
that I last saw h. l. alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Diarrhea - undetermined origin Duration 2 days

Due to _____

Due to _____

Other conditions: Acute Otitis Media 5 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None performed

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 _____

23. Signature © J. P. Funder Jr. M.D. M. D. or other _____
Address St. Louis City Hosp Date signed 1-25-45

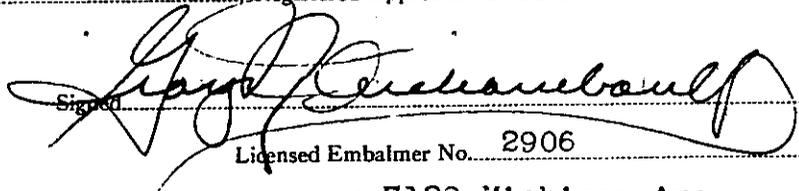
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.