

FILED DEC 8 1945

Registration District No. 217 Primary Registration District No. 3069 Registrar's No. 275-6

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7219 El Morro St. 1
(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)

3. (a) PRINT FULL NAME John V. Ehrmann
 3. (b) If veteran, name war 770 3. (c) Social Security No. 770

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Christine Ehrmann 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased June 13, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Candy Maker

MOTHER FATHER
 11. Industry or business _____
 12. Name Victor J. Ehrmann
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Lind
 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
 16. (a) Informant Christine Ehrmann
 (b) Address 7219 El Morro
 17. (a) Cremation (b) Date thereof 12-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mo. Crematory
 18. (a) Signature of funeral director Will Bro. Co. Mo.
 (b) Address 2929 S. Jefferson Av.
 19. (a) 12-6-45 (b) E. M. Garand
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Louis 91
 (c) City or town Richmond Hts.
(If outside city or town limits, write "RURAL")
 (d) Street No. 7219 El Morro St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 3
 year 1945 hour 4:00 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____, 1935 to 12-3- 1945
 that I last saw him alive on 12-3- 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardio renal disease 3 yrs.
Anemia 10 yrs.
 Due to Arteriosclerosis

Due to 1310
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature J. Steinhilber (M. D. _____)
 Address 6246 Manchester Date signed 12-3-45

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Don Davis

Licensed Embalmer No. 374

P. O. Address 2929 So Jefferson 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.