

S. No. 2
OM-543
v. 5-17-39
I X36671

32761

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 1209

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 1 Day
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1922 Clay Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Virginia Ehrlich
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24th.
year 1946 hour 9:30 minute 30 P. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased October 16 1895

21. I hereby certify that I attended the deceased from 10-22-46 to 10-24-46
er that I last saw h alive on 10-24-46 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 0 Days 8 If less than one day

Immediate cause of death: Bronchial Pneumonia
Duration 6 days

9. Birthplace Maysville Kentucky
10. Usual occupation Housewife

Other conditions: None
Major findings: Of operations
Of autopsy

MOTHER FATHER {
11. Industry or business
12. Name Unknown
13. Birthplace Unknown Unknown
14. Maiden name Unknown
15. Birthplace Unknown Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Milton H. Ehrlich
(b) Address 1922 Clay St., St. Joseph, Missouri.
17. (a) Burial (b) Date thereof 10/27/1946
(c) Place: burial or cremation: St. Joseph Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Math Joseph Cemetery
(b) Address: 1302 Farson St. Joseph, Missouri.
19. (a) Oct. 28, 1946 (b) Registrar's signature

23. Signature: [Signature] (M. D. or other)
Date signed: 10-25-46

Bryant

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..... *Albert C. Harrington*

Licensed Embalmer No..... *3258 Missouri*

P. O. Address..... *St. Joseph, Missouri.*

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.