

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1947  
#5786

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6225  
Registrar's No. 1519

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... ST. LOUIS, MO.  
(c) Name of hospital or institution:  
ST. LOUIS CITY HOSPITAL  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(d) Street No..... 106a Russell  
(e) Citizen of foreign country?..... No  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb..... day..... 11,  
year..... 1947 hour..... 4:40 minute..... P M.  
21. I hereby certify that I attended the deceased from..... 12-19-46  
..... 19..... to..... 2-11-47..... 19.....  
that I last saw him alive on..... 2-11-47..... 19.....  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME..... EDWARD EHRHART

3. (b) If veteran, name war..... 3. (c) Social Security No. 499-01-7773

4. Sex..... male..... 5. Color or race..... white  
6. (a) Single, widowed, married, divorced..... married

6. (b) Name of husband or wife..... Elizabeth  
6. (c) Age of husband or wife if alive..... 72 years

7. Birth date of deceased..... March 5th, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 11 6 hr. min.

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

10. Usual occupation..... retired

11. Industry or business.....

12. Name..... Unknown

13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Julia Ehrhart

(b) Address..... 106a Russell, St. Louis, Mo.

17. (a) burial (b) Date thereof..... Feb. 14, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus Cemetery

18. (a) Signature of funeral director..... Mackey-Helberle H. & L. Co.

(b) Address..... 3634 Gravois, St. Louis, Mo.

19. (a) FEB 14 1947 (b) J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

Immediate cause of death.....  
Due to.....  
Due to.....  
Other conditions.....  
Major findings:  
Of operations.....  
Of autopsy.....

Duration

PHYSICIAN

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.....  
23. Signature..... J. Lourey Brown, M.D.  
Address..... 1515 LAFAYETTE Date signed..... 2-13-47

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

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**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..... *Frank J. [Signature]*  
Licensed Embalmer No. *2675*  
P. O. Address. *St Louis Mo*

**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.**