S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 4 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10401

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 47

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 529 N. Fourth Street
(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)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No.: 529 N. Fourth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mrs. Mathilda Ermeling
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry Ermeling
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: February 5th, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	1	13	____ hr. ____ min.

9. Birthplace: St. Charles County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: ____
MOTHER FATHER
12. Name: Adam Meiser
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Not Known
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Henry Ermeling
(b) Address: 529 N. 4th. Str. St. Charles, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: Hackmann-Baue
(b) Address: 326 N. 6th. Str. St. Charles, Mo.
19. (a) 3/29/47 (Date received local registrar) (b) Mamie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1947 hour 2 minute — A.M.
21. I hereby certify that I attended the deceased from ____, 19__, to 3-18, 1947 that I last saw her alive on 3-17-47, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	3/16/47
Due to Generalized Arteriosclerosis	?
Essential Hypertension	?
Due to ____	
Other conditions (Include pregnancy within 3 months of death): Parkinson's Disease	?
Relapsing Cortex Stenosis RHD	?

Major findings:
Of operations: No
Of autopsy: No

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: [illegible] (M. D. or other) MD
Address: St. Charles, Mo. Date signed: 3/21/47

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 47
Date Filed 4-2-47

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 Arthur C. Bane

Licensed Embalmer No. # 3155

P. O. Address St Charles 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.