S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32470

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8356

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6128 Victoria Ave.
(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 Mo. (b) County

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

(d) Street No. 6128 Victoria Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EMMA EHLE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

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 Mar. (Month) 31 (Day) 1860 (Year)

8. AGE: Years 87 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Dressmaker

11. Industry or business

FATHER
12. Name Joseph Ehle
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Monica Hurley
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Hilton
(b) Address 6128 Victoria Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1947 hour 11:12 minute P. M.

21. I hereby certify that I attended the deceased from 8-18- 1947 to 8-31- 1947 that I last saw h. alive on 8-31-47 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pneumothorax
Gram negative bacillus
Bronchial asthma

Due to Generalized malignant
Primary site in Duodenum

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 J. S. Clark M.D. (M. D. or other)

Address 4200 S. Kingshighway Date signed 8-2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2500 So. Kingshighway 1-3

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 Edwin A McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.