

No. 2
-12-45
-5-17-39
X47070

FILED MAR 13 1948
Registration District No. 306

Primary Registration District No. 6048

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town O'Fallon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Institute
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)

In this community 60 years

3. (a) PRINT FULL NAME Sister M. Medarda Ershens, C.P.P.S.

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

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 October 20, 1866
(Month) (Day) (Year)

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

81 4 3 hr. min.

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

10. Usual occupation Domestic work

11. Industry or business

MOTHER FATHER

12. Name Mathias Ershens

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

14. Maiden name Caroline Mueller

15. Birthplace Hildeshime, Hanover, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Dominica, C.P.P.S.

(b) Address St. Mary's Institute - O'Fallon

17. (a) Burial (b) Date thereof Feb. 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon, Mo. Convent Cemetery

18. (a) Signature of funeral director H.C. Dallmeyer & Son

(b) Address 800 N. 2nd - St. Charles, Mo.

19. (a) March 10 48 Ea. Reithy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town O'Fallon
(If outside city or town limits, write "RURAL")

(d) Street No. St. Mary's Institute
(If rural, give location)

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

If yes, name country

920000

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1948 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb
1947 to Feb 23, 1948;
that I last saw her alive on Feb 23, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic glomerular nephritis 5 yrs
Due to arteriosclerosis 10 yrs.

Duration

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: FB 1 B

Of operations

Of autopsy

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 0

23. Signature Lawrence B. Behan (M. D. or other) MD
Address O'Fallon Mo. Date signed 2-27-48

Date Filed 3-16-48

District File Number

District Health Officer No. 9,

RECEIVED

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 Joseph I Landolt
Licensed Embalmer No. 4189
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.