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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

24250
State File No.
Registrar's No. 6740

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo.29ds. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES EHRLER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
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 January (Month) 28 (Day) 1867 (Year)

8. AGE: Years 81 Months 5 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or country) Missouri (State or foreign country)
10. Usual occupation Odd Jobs
11. Industry or business
FATHER
12. Name George Ehrler
13. Birthplace Germany (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name Dorothy
15. Birthplace Germany (City, town, or country) (State or foreign country)
16. (a) Informant City Sanitarium Records
(b) Address 5400 Arsenal St.
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof JUL 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director
(b) Address Rowland Mortuary Service 4004 Manchester Ave.
19. (a) JUL 31 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2 year 1948 hour 9.30 minute P M.
21. I hereby certify that I attended the deceased from May 3, 1948, to July 2, 1948; that I last saw him alive on July 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerotic Heart Disease 5/3/48x	
Due to c Cardiac Failure	
Due to Pneumonia - Bronchial	2 ds.
Other conditions (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 Paul T. Hartman (M. D. or other)
Address 5400 Arsenal Date signed 7-31-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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: