

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27667
7545

Registration District No. 218 Primary Registration District No. 1005 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1033 Theobald
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yr (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH EHREN

3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edmund Ehren 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 17 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife retired

11. Industry or business

MOTHER FATHER { 12. Name Frank Streumpf
13. Birthplace Richfountain Mo
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kramer
15. Birthplace Richfountain Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herbert Kuehner

(b) Address 1033 A Theobald St. St. Louis

17. (a) Removal (b) Date thereof 8-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek Mo

18. (a) Signature of funeral director Clyde Thoburn

(b) Address Lincoln Mo

19. (a) AUG 28 1948 (b) J. F. Bourneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Loose Creek (If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1948 hour 17:30 minute 17 M.

21. I hereby certify that I attended the deceased from August 7th 1948 to Aug 26th 1948
that I last saw her alive on Aug 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Acute Duration _____

Due to Myocardial Damage
Coronary Vascular Disease
Due to General Arteriosclerosis
Vascular Calcification - Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations none Of autopsy none
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) NO
(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 D. F. J. Freeman (M. D. signature)
Address 832126 Broadway Date signed 8/26

OCT 28 1948

7545

926-5-23

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

Vernon M. Morton

Licensed Embalmer No.

4125

P. O. Address

Linn, 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.