

No. 300
1-10-47
5-17-39
I 3906

FILED OCT 29 1948
Registration District No. 586

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 16 years
(Specify whether years, months or days)

In this community 16 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(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 _____

3: (a) PRINT FULL NAME Sr. M. Jolendis Ehrhardt, C.P.P.S.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1948 hour 4:45 minute a M.

21. I hereby certify that I attended the deceased from Jan 1948 to Oct 22 1948
that I last saw her alive on Oct 20 1948
and that death occurred on the date and hour stated above.

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: November 13 1899
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of rt breast with metastasis

Duration 1 1/2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

48	11	9	hr. min.
----	----	---	----------

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

10. Usual occupation Domestic work

Major findings: Of operations 50

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Ehrhardt

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martina Keller

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

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

(b) Address O'Fallon, Missouri

17. (a) Burial (b) Date thereof Oct. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon, Missouri

18. (a) Signature of funeral director H. C. Dallmeiers

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

19. (a) Oct 23-48 (b) E. A. Keithley
(Date received local registrar) (Registrar's Signature)

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 MD (M. D. or other)

Address O'Fallon Mo Date signed 10-25-48

OCT 27 1948

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 Herbert C. Dalmeyer

Licensed Embalmer No. 4546

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.