

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39849

State File No. ....

FILED DEC 27 1950

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1430

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>1922 Clay Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robidoux Hotel</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>		b. (Middle) <b>H.</b>	
c. (Last) <b>Ehrlich</b>		4. DATE OF DEATH (Month). (Day) (Year) <b>December 20, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Jewish</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 27, 1877</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Manufacturer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store Fixtures</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Herman Ehrlich</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hirsch</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Ehrlich</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-09-3850</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Milton H. Ehrlich St. Joseph, Missouri.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>hypertensive heart disease</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>12-20-50</u> to <u>12-20-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-20-</u> 19 <u>50</u> , and that death occurred at <u>12:50<sup>A</sup></u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>E H Andler</b>		(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>311 Physician &amp; Surgeons, St. Joseph, Mo.</b>
23c. DATE SIGNED <b>12-20-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec. 21, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>Dec. 21, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Meierhoffer</b>	ADDRESS <b>St. Joseph, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1951

DEC 29 1950

DEC 28 1950

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 \*\*\*\*\*

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working under my personal supervision.

Student Embalmer No. ....

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Signed

*Raymond W. Horehead*

Licensed Embalmer No.

4413 Missouri

P. O. Address

St. Joseph, Missouri.

Signed.....  
Student Embalmer

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Student Embalmer

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.