

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26622

State File No.

FILED JUL 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>1812</u>			
1. PLACE OF DEATH a. COUNTY <u>400 X</u> <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>210 X</u> <u>Overland</u>		d. STREET ADDRESS (If rural, give location) <u>8951 Windom</u>			
3. NAME OF DECEASED a. (First) <u>Jules</u> b. (Middle) <u>F.</u> c. (Last) <u>Ehlinger</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-52</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 19 1861</u>			
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired chef</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE, (State or foreign country) <u>Alsace Lorraine</u>			
11. BIRTHPLACE, (State or foreign country) <u>8</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Felix Ehlinger</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Ruhlman</u>			
14. NAME OF HUSBAND OR WIFE <u>Marie Zinck Ehlinger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-12-66284</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Ehlinger</u> ADDRESS <u>Overland Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cerebrovascular Dis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>331X</u>					
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>Sept</u> , 19 <u>51</u> , to <u>6/30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/29</u> , 19 <u>52</u> , and that death occurred at <u>11:50 p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter C. Gray M.D.</u>		23b. ADDRESS <u>8938 St. Charles Road St. Louis 14 Mo</u>		23c. DATE SIGNED <u>7/1/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>					
24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F Home</u>		ADDRESS <u>9222 Lackland Overland Mo</u>					
DATE REC'D BY LOCAL REG. <u>7-2-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dornke M.D.</u>		5 Licensed Embalmer's Statement on Reverse Side					

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Al. C. Ortman

Signed.....

Student Embalmer

Licensed Embalmer No. *3478*

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.