

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28026**
3587

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 3148	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 78 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3231 Prospect		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
		d. STREET ADDRESS (If rural, give location) 1218 Woodland	

3. NAME OF DECEASED (Type or Print) Mary	a. (First)	b. (Middle)	c. (Last) EHRENREICH	4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-7-65	9. AGE (in years last birthday) 87	IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Austria		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Frank Bueher	13b. MOTHER'S MAIDEN NAME Mary Freiler	14. NAME OF HUSBAND OR WIFE Frank Ehrenreich
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Matilda McDonnell	ADDRESS 5546 Garfield KC, Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 wks 2 yrs 322X 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Chronic Cholecystitis and chronic Hepatitis		
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Aug 1, 1949**, to **Aug 10, 1952**, that I last saw the deceased alive on **Aug 7, 1952**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John K. Caldwell (Degree or title) MD	23b. ADDRESS Kansas City, Mo.	23c. DATE SIGNED 8/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-13-52	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 8-11-52	REGISTRAR'S SIGNATURE Geraldine Holme	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Caldwell
Angeles Bldg.

1-5 mon

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 4882

P. O. Address Kansas City, 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.