

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37244

State File No.

OCT 29 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2711

1. PLACE OF DEATH a. COUNTY <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) OR TOWN <u>Affton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>	
c. LENGTH OF STAY (in this place) <u>Ab. 3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>9920 Tesson Ferry Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9920 Tesson Ferry Rd.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Ehlen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19 1952</u>
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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>Oct. 10 1908</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Meats & Groceries</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA. U.S.</u>
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13a. FATHER'S NAME <u>Wm. Ehlen</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Ehlen</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Ehlen 9920 Tesson Ferry Rd.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>self-ingested sodium fluoride.</u> Body found in his truck parked in closed garage at rear of 700' Lemay Ferry Road by a neighbor DUE TO (b) <u>Joe Nylon.</u> DUE TO (c) <u>Joe Nylon.</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>garage & store</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lemay St. Louis Co. MO.</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>10-19-52 12:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>self-ingested sodium fluoride</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest W. Willmann 3</u>	23b. ADDRESS <u>Clayton, Missouri</u>	23c. DATE SIGNED <u>10-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-22-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Luth.</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/21/52</u>	REGISTRAR'S SIGNATURE <u>Harriet R. Dombrowski-M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. P. Fendler Jr. 7128 Michigan</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. W. Rueten

Licensed Embalmer No. 4865

P. O. Address St. Louis, 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.