No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19056

FILED JUN 15 1953 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 129

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

1. PLACE OF DEATH
a. COUNTY: St. Charles 0923
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: Harvesteres
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0920
e. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): H
c. (Last): EHLMANN

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 26, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Highway Dept.
11. BIRTHPLACE (City and State or Foreign Country): St. Charles County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Ehlmann
13b. MOTHER'S MAIDEN NAME: Marie Schuermann
14. NAME OF HUSBAND OR WIFE: Ella Barklage Ehlmann

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.: 488-26-0584
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Ella Ehlmann, Rt. 2 Harvester, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) injury ① Fracture left Pubic bone — since 5-29-53

DUE TO (c) ② internal derangement left knee — E 8124 25

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

③ Hematoma left Heel 130.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Hit by car on Highway.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 40
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Charles, County
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 29 1953 1 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: On accident on Highway

22. *I hereby certify that I attended the deceased from* 5-29-53, *to* 6-7-53, *that I last saw the deceased alive on* 6-7-53, *and that death occurred at* 2:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. [illegible] MD
23b. ADDRESS: St. Charles Mo
23c. DATE SIGNED: June 8 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: Harvester Lutheran Cemet.
24d. LOCATION (City, town, or county) (State): Harvester, Missouri

DATE REC'D BY LOCAL REG.: June 9, 1953
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hackmann-Barre St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence M. Bill

Licensed Embalmer No. 437

P. O. Address St. Charle

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.