

FILED MAR 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 9381

620

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5749</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. LENGTH OF STAY (In this place) <u>KAADU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		0620	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home E (RURAL Rt #3)</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Ehrend</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-54</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 15-1867</u>		9. AGE (In years last birthday) <u>86yr.-5Mo.</u>	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) <u>Factory Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Albert Ehrend</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Georke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. Louise Sanders</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>marked arteriosclerosis</u> DUE TO (c) <u>General</u> 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>year</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>Feb 14, 1954</u> , to <u>date</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 14, 1954</u> , and that death occurred at <u>4:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>131 W. Main Fredericktown</u>		23c. DATE SIGNED <u>3-18-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN</u>		24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN MO.</u>			
DATE REC'D BY LOCAL REG. <u>3-18-1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		187	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] - [Address]</u>			

Form No. 354-19

VS
SEP 20 1960

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 _____

Don G. James

Student Embalmer No. 499

working under my personal supervision.

Student Don G. James
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Frederickline, Md.

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.