

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28724

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington Rural St. Francois		c. LENGTH OF STAY (In this place) 3 Y; 10M; 4d.		c. CITY OR TOWN Perryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri State Hospital No. 4		e. STREET ADDRESS (If rural, give location) 1029 Edgemont			

3. NAME OF DECEASED (Type or Print) a. (First) SOPHIA			b. (Middle)			c. (Last) EHLERS			4. DATE OF DEATH (Month) (Day) (Year) September 1, 1954		
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5. SEX Female		6. COLOR & RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 8, 1878		9. AGE (In years) (Month) (Day) (Year) 76 5 24		10. UNDER 12 HRS. OF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Farrar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Frederich Boehme			13b. MOTHER'S MAIDEN NAME Carolina Eichhorn			14. NAME OF HUSBAND OR WIFE John Ehlers		
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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 ADDRESS Records, State Hospital No. 4, Farmington, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - - - - - abt. 45 min.						Unknown.	
		ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic cardiovascular disease - - - - -							
		DUE TO (c) Psychosis with cerebral arteriosclerosis. Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 July 1, 1954 to Sept. 1, 1954, that I last saw the deceased alive on Sept. 1, 1954, and that death occurred at 7:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen M. Kearney M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 9-2-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-54		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri	
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DATE REC'D BY LOCAL REG. Sept. 2, 1954		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 2

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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.....
Signature of Student Embalmer

Signed..... *Wallace Young*
Licensed Embalmer No..... *402*
P. O. Address..... *Perry*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.