

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42072**

FILED JAN 3 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **2054** Registrar's No. **81**

723

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>1037 Madison St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>1037 Madison St.</b>		f. STREET ADDRESS (If rural, give location) <b>1037 Madison St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b> b. (Middle) <b>H</b> c. (Last) <b>ERMELING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24, 1954</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 3, 1878</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Days <b>3</b>	IF UNDER 24 HRS. Hours <b>21</b>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Ret.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>				

13a. FATHER'S NAME <b>Herman Ermeling</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Barning</b>	14. NAME OF HUSBAND OR WIFE <b>Alma Schone Ermeling</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-36-0814</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alma Ermeling, St. Charles, Mo.</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs</b> <b>5 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>9 cm. Arterio Sclerosis</b> DUE TO (c)		
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 <b>f 200</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-4-50**, 19**50**, to **12-26-54**, 19**54**, that I last saw the deceased alive on **12-26-54**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. Rudice MD</b>	(Degree or title)	23b. ADDRESS <b>St. Charles Mo</b>	23c. DATE SIGNED <b>December 27, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 28, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemet.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 28 1954</b>	REGISTRAR'S SIGNATURE <b>Fannie Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hathorn C. Bann</b>	ADDRESS <b>St. Charles, Mo.</b>
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JAN 14 1956

AUG 13 1956

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.....  
Plummer M. Billo  
Licensed Embalmer No. 437

P. O. Address.....  
St. Charles

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.