

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22527

**1. PLACE OF DEATH**

97 County St. Charles Registration District No. 757  
 4 Township St. Charles Primary Registration District No. 3036  
 City St. Charles (No. 562 Jefferson St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 102

**2. FULL NAME** Caroline Ehlmann

(a) Residence, No. 562 Jefferson St. St. 2 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dietrich Ehlmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (month and year) ----- 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Christian Bull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Hampe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Gustave Ehlmann  
 (ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem DATE June 26, 1931

19. UNDERTAKER Steinbinder Funeral Co.  
 (ADDRESS) St. Charles, Mo.

20. FILED 6/23 1931 Hy. E. Bloeban  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to June 23, 1931.  
 I last saw her alive on June 23, 1931. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

Pneumo-Pneumal Disease  
95B  
95B

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_  
 (Signed) John J. ... M. D.  
 (Address) St. Charles, Mo.

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