26 1939 REC'D MAR 9 1939

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

7822
Do not use this space.

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1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 111 — Registered No. 347
(c) or City ~~St. Louis~~ Rich Hgts (d) Street No. St. Marys Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 663 William Ehrhardt.
(a) Residence, No. 407 Washington Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1871.
7. AGE: YEARS 67 — MONTHS 2 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Secretary.
9. Industry or business in which work was done, as saw mill, bank, etc. J. C. Kupferle, Foundry Co.
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) St. Louis.

FATHER
13. NAME Valentine Ehrhardt.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Mary Magdalen Merkle.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mr. Louis Schill. 5114 Palm St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. DATE Feb. 27, 1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly. 3840 Lindell Blvd.
20. FILED FEB 26 1939 FEB 26 1939 T. R. Meyer M. D. D. V. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 5th, 1939, to Feb. 24th, 1939.
I last saw him alive on Feb. 24th, 1939. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from gangrene of lower left extremity.	

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Other contributory causes of importance:
Diabetes Mellitus
Arterio Sclerosis

Name of operation Debridement Date of 1/29/39.
What test confirmed diagnosis? Laboratory 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?
If so, specify No.
(Signed) E. C. [signature], M. D.
(Address) 4101a Laclede Ave.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4101 a Leslie Ave

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Linde

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

If this body is not embalmed, above space should be left blank.