

REC'D APR 10 1939

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

11833

Do not use this space.

## 1. PLACE OF DEATH

(a) County Perry Registration District No. 657  
(b) Township Boyer Primary Registration District No. 5874 Registered No. 4  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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

164 Mary Wilhelmina Ehler  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Ferdinand Ehler  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1849  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 8 2  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) 7-1-19 11. Total time (years) spent in this occupation 45

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

13. NAME Greenevald

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

15. MAIDEN NAME ("don't know")

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

17. INFORMANT (ADDRESS) Adolph G. Weber Alttenburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alttenburg Cemetery DATE March 27, 1939

19. FUNERAL DIRECTOR (ADDRESS) Imogene Perryville, Mo

20. FILED 3-25-39 Adolph G. Schmidt Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1939, to March 24, 1939

I last saw him alive on March 23rd, 1939 Death is said to have occurred on the date stated above, at 8:50 A.M.

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

Myocarditis, Chronic  
Cholelithiasis, Acute

Date of onset 1 week

5 days

Other contributory causes of importance: 43 C

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? P. Ex 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) Theodore Linber, M. D.

(Address) Alttenburg, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**