

AUG 12 1939

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

25262

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township 11 Primary Registration District No. 3009 Registered No. 250
(c) City Cape Girardeau (d) Street No. St. Francis 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 Chris Ehlers

(a) Residence, No. Cape Girardeau R.F.D. # 1 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mitilda Rode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Cape Girardeau
(STATE OR COUNTRY) Mo.13. NAME Henry Ehlers14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Wilhelmina Fornkahl16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Mrs. Mitilda Ehlers
(ADDRESS) Cape R.F.D. # 118. BURIAL, CREMATION, OR REMOVAL
PLACE Egypt Mills Cem DATE July 13 193919. FUNERAL DIRECTOR (NAME) L. L. Haran
(ADDRESS) Cape Girardeau, Mo.20. FILED 7-11-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/7 to 7/11, 1939
I last saw him alive on 7/10, 1939 Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

Ch. Valvular Dis
Nephritis Ch.
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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
(Signed) A. K. Smith, M. D.
(Address) Cape Girardeau

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.....

L. L. Haman

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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