

JAN 12 1940

791

Registration District No.

Primary Registration District No.

Registrar's No.

10712

1. PLACE OF DEATH:

- (a) County 1
(b) City or town ST. LOUIS, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PARK LANE MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether

In this community
years, months or days3. (a) PRINT FULL NAME INFANT OF WY GRACE EHLEN3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex MALE
5. Color or
race WHITE6. (a) Single, widowed, married,
divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased DEC. 15. 1939.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
hr. min.9. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)10. Usual occupation 011. Industry or business 012. Name WILLIAM EHLEN13. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)14. Maiden name GRACE FORBNER15. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William Ehlen(b) Address 2335 Montgomery St.17. (a) Burial (b) Date thereof 12-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Zion Cemetery18. (a) Signature of funeral director Wm. M. Debuschek(b) Address 4834 Natural Bridge19. (a) DEC 15 1939 (b) J. D. Debuschek
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County 1
(c) City or town ST. LOUIS 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2335 MONTGOMERY ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15.
year 1939 hour 1:45 minute A- M.21. I hereby certify that I attended the deceased from 12:15 P.M.
Dec. 15, 1939, to 2 AM Dec 15, 1939;
that I last saw h alive on Dec 15, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Congestive
the maturity

Duration

Due to Stillborn

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. J. Smith 1/10 (M. D. or other) _____Address 4930 Wendell St. Louis Date signed 12/15/39

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.