

FEB 17 1940  
Registration District No. \_\_\_\_\_

791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

43

1. PLACE OF DEATH: 1005  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 yrs. 29 days  
 In this community 59 yrs. 3 mos. 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2910 Wisconsin  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William G. Ehrhardt 663  
 (b) If veteran, name war No  
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 1st.  
 year 1940 hour 1:25 minute \_\_\_\_\_ a.m. \_\_\_\_\_ M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Emma Schiller Ehrhardt  
 6. (c) Age of husband or wife if alive Don't Know years  
 7. Birth date of deceased Sept. 20 1882  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 11, 1939 to Jan 1st., 1939  
 that I last saw him in alive on Jan 1st., 1939  
 and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months 3 Days 13  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Pulmonary Edema 12-26-39  
Broncho-pneumonia 12-26-39  
 Due to Cardiac Enlargement 12-11-39  
Aortitis 12-11-39x SPECIFIC  
 Due to Arteriosclerosis 12-11-39x  
Nephrosclerosis 12-11-39x

9. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Bartender  
 11. Industry or business Jacob  
 12. Name Wm. G. Ehrhardt  
 13. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Louise Hann  
 15. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy Yes  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Det. J. J. [unclear]  
 (b) Address 5400 Arsenal  
 17. (a) Burial (b) Date thereof Jan. 4, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old St. Marcus Cemetery  
 18. (a) Signature of funeral director M. M. Schumacher  
 (b) Address 4834 Natural Bridge  
 19. (a) JAN 3 1940 (b) \_\_\_\_\_  
 (Date received local registrar)

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 Garry Baers (M. D. number) \_\_\_\_\_  
 Address 5600 Arsenal Date signed 1/3/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MAY 12 1943

**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.....

*John Ketter*  
.....  
Licensed Embalmer No. **3880**.....

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.**