

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3425 Indiana Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
(c) City or town Saint Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3425 Indiana Ave. 24 (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th, year 1940. hour 5 minute 0 A.M.
21. I hereby certify that I attended the deceased from Dec 1 1940, 19 to Dec 18, 1940 that I last saw her alive on Dec 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
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 statistically.

3. (a) PRINT FULLNAME Clara Ehret.

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mike Ehret 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased September 5th, 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown

13. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mike Ehret

(b) Address 3425 Indiana Ave.

17. (a) Burial (b) Date thereof Dec. 20, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenhain Bros. 222 Cherokee Street.

(b) Address

19. (a) DEC 19 1940 (b) J. H. Bredeek (Registrar's signature)

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 B. J. McQuinn (M. D. or other) Address 26650 Grand Date signed

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

MOTHER FATHER

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

Juddie A. Ziegenhein

Licensed Embalmer No. *2270*

P. O. Address *2623 Lakeside St*

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, fact should be so stated above.