No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16854

Registrar's No. 4372

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(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:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community years, months or days) yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 107
(If outside city or town limits, write "RURAL")

(d) Street No. 4119 Kossuth Av. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank Ehrler

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louise Ehrler

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. (Month) 22 (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days If less than one day hr. min.

9. Birthplace Alton Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Henry Ehrler
13. Birthplace Alton Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Un Known
15. Birthplace Un Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Ehrler
(b) Address 4119 Kossuth Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 26 (Day) 1941 (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 8319 Halls Ferry Rd.

19. (a) MAY 25 1941 (Date received local registrar) (b) J. F. Biedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22, year 1941 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from May 16, 1941, to May 22, 1941, that I last saw him alive on May 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cholecystitis with cholelithiasis & choledocholithiasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature [signature] (M.D. or other) 0
Address 1515 Lafayette Avenue, Date signed 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford H. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.