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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942 791

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16110

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5066

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

00
17
9

**1. PLACE OF DEATH:**

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5027 Fendler Pl. 1
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County ..... 000 17

(c) City or town St. Louis 15 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5027 Fendler Pl.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME William Matthew Ehnert

3. (b) If veteran, name war ..... 3. (c) Social Security No. --

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife KatharineHoelscher Ehnert 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September (Month) 23 (Day) 1882 (Year)

8. AGE: Years 59 | Months 8 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Shee worker

11. Industry or business .....

FATHER
12. Name Frederick Ehnert
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Monica Heim
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Katharine Ehnert
(b) Address 5027 Fendler Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John S. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) JUN 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 9th
year 1942 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from June 8, 1942, to June 9, 1942
that I last saw him alive on June 9, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchio Pneumonia | 2 days |
| Due to Cerebral Apoplexy | 1½ yrs. |
| Due to Arterial Hypertension | ? |
| 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.

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 John J. Connor (M. D. or other)
Address 5081 Grand Date signed 6/10/42

(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.....C. P. Kidwell.....

Licensed Embalmer No.....3877.....

P. O. Address.....7027 Granado.....

**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.**