

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. **12464**
Registrar's No. **112**

Registration District No. **53** Primary Registration District No. **3010**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau Mo.**
(c) Name of hospital or institution: **South East Mo. Hospital**
(d) Length of stay: In hospital or institution **15 Days**
In this community **15 Days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Perry**
(c) City or town **Rural Perryville**
(d) Street No. **0**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Herman Ehlers**
(b) If veteran, name war **✓**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **2**
year **1946** hour **2** minute **02** P.M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **years**

21. I hereby certify that I attended the deceased from **March 18** 19**46** to **April 2** 19**46**
that I last saw him alive on **April 2** 19**46**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **April 21** **1915**
(Month) (Day) (Year)
8. AGE: Years **30** Months **11** Days **11**
If less than one day hr. min.

Immediate cause of death **ruptured spleen. Inf. Librathorax. Pericarditis**
Due to
Duration **33 days**

9. Birthplace **Jackson Co. ILL.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: **No operation**
Of autopsy **As above**

10. Usual occupation **Farmer**
11. Industry or business **✓**

MOTHER FATHER
12. Name **John Ehlers**
13. Birthplace **Jackson Co. ILL.**
14. Maiden name **Sophia Boehme**
15. Birthplace **Perry Co. Missouri**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None fell on this man**
(b) Date of occurrence **March 1 - 1946**
(c) Where did injury occur? **Perryville, Perry Mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

16. (a) Informant **John Ehlers**
(b) Address **Perryville Mo. R2**
17. (a) **Burial** (b) Date thereof **4-5-1946**
(c) Place: burial or cremation **Perryville Mo.**

(Specify type of place)
While at work? **yes** (c) Means of injury **fell on home**
23. Signature **R. G. Pitter, M.D.** (M. D. or other) **1**
Address **Cape Girardeau Mo.** Date signed **4-2-46**

18. (a) Signature of funeral director **Young & Sons**
(b) Address **Perryville Mo.**
19. (a) **4-4-1946** (b) **C. C. Summers**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1373

JUN 4 1957

RECEIVED

District Health Officer No. 4
District File Number 446-1957
Date Filed 4-9-46

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 *Wallace Young*
Licensed Embalmer No. *4027*
P. O. Address *Perryville Mo*

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.