

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35689

FILED OCT 24 1947 318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 9601

1. PLACE OF DEATH:

(a) County Mo. Harris

(b) City or town Mo. Harris

(c) Name of hospital or institution 5054 delmar 1  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

In this community 30 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. Harris (b) County oos

(c) City or town 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 5054 delmar Blvd 9  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruth B. Ehlentbeck

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex female 5. Color or race W.

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

6. (b) Name of husband or wife Theodore

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug 28 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 1 17 hr. min.

9. Birthplace Lagotta Ind 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name William Borders

13. Birthplace Lagotta Ind 1  
(City, town, or county) (State or foreign country)

14. Maiden name Ada Mosser

15. Birthplace Bedford Ind 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Ehlentbeck

(b) Address 5054 delmar

17. (a) Burial (b) Date thereof 10-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Guy Miller

(b) Address 5041 delmar Blvd

19. (a) OCT 16 1947 (Date received local registrar) J. F. Brodeur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 15 year 1947 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from AUGUST 10, 1947 to OCTOBER 11, 1947 and that last saw her EA alive on OCTOBER 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC CARDIAC DISEASE Duration 2 YRS

Due to ARTERIOSCLEROSIS & HYPERTENSION 3-5 YRS

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.

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? \_\_\_\_\_

23. Signature Edmund G. Conroy (Specify type of place) (M. D. or other) M. D.  
Address 2202 St. Broadway Date signed 10/15/47

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

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

*R. Campbell*  
3880

Licensed Embalmer No.....

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, fact should be so stated above.**