

3. No. 2
-12-45
5-17-39
I X47070

FILED NOV 18 1947

Registration District No. **310**

Primary Registration District No. **3058**

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME George H. Ehlmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Norman

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 29, 1874
(Month) (Day) (Year)

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

73	0	2	hr. _____ min.
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9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Ehlmann

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

14. Maiden name _____

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

16. (a) Informant Mrs. Frank Burton

(b) Address St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Haasmann Bros

(b) Address 326 N. 6th Str., St. Charles, Mo.

19. (a) 11-4-47 (Date received local registrar)

(b) Franie Hamilton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 628 Washington Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 9/28/46 to 10/1/47, 1947
that I last saw h. l. h. alive on 10/1/47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arterio sclerotic Heart 3 yrs

Due to Over

Gen. Arteriosclerosis 3 yrs

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? _____

While at work? _____ (Specify type of place)

Means of injury 0

23. Signature R J Buda (M. D. _____)

Address 126 S. Main St. St. Charles Mo. Date signed 10/2/47

Date Filed 11-12-47

District No. 11

District Health Officer No. 9

RECEIVED

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 Arthur C. Bane
Licensed Embalmer No. 3155
P. O. Address St Charles 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.