No. 300
M—10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17293

Registration District No. 310 — Primary Registration District No. 3058 — Registrar's No. 89

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 Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community Life time years, months or days)

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") 92

(d) Street No. 406 Jefferson Street (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 3 0

If yes, name country

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

3. (b) If veteran, name war NIL

3. (c) Social Security No. 497-05-2887

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Cecelia(Honerkamp)Ehlmann

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased October (Month) 31 (Day) 1885 (Year)

8. AGE: Years 62 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation Bar-tender

11. Industry or business Tavern

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

MOTHER
14. Maiden name Katherine Kruse
15. Birthplace St. Charles (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Edward Ehlmann

(b) Address 2949 Endicott-St.Louis(21)Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May (Month) 16 (Day) 1948 (Year)

(c) Place: burial or cremation Oak Grove Cemetery St.Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer & Sons Co

(b) Address 800 N.2nd-St.Charles, Mo.

19. (a) 5-17-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1948 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from 7-25-47, 19__, to 5-13-48, 19__; that I last saw h. in alive on 5-13-48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic Heart	
Due to Disease	3 yrs
Due to gen arteriosclerosis c̄ Hypertension	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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. J. Brooke (M. D. or other) MD

Address 126 S. Main St. Date signed 5/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 21 1948

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 Herbert C. Dallmeyer, Registered Apprentice No. 429, working under my personal supervision.

Signed Joseph F. Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.