

FILED JUL 12 1954

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1889-9

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2775

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
c. LENGTH OF STAY (in this place) 8 YRS.  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4013 MONTGALL AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission):  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY OR TOWN KANSAS CITY  
d. Is Residence within limits of a city or incorporated town?  
Yes  No   
e. STREET ADDRESS (If rural, give location) 4013 MONTGALL AVENUE

3. NAME OF DECEASED  
a. (First) CHARLES b. (Middle) William c. (Last) ERMENTRAUT

4. DATE OF DEATH  
(Month) (Day) (Year)  
JUNE - 18 - 1954

5. SEX MALE 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH FEB. 27 1869 9. AGE (In years last birthday) 85  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS.: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - MAINTENANCE

10b. KIND OF BUSINESS OR INDUSTRY VETERANS ADMINISTRATION 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY ERMENTRAUT

13b. MOTHER'S MAIDEN NAME AMELIA LANGBINE

14. NAME OF HUSBAND OR WIFE ESTELLA ERMENTRAUT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE AMANDA M. DESMOND K.C. Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
\_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
2 wks  
  
4500

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 5-29-1954 to 6-18-1954, that I last saw the deceased alive on 6-15-1954, and that death occurred at 2:22 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. R. Lyndon, Jr. (Degree or title) D

23b. ADDRESS 1027 E 25th St, Mo

23c. DATE SIGNED 6-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JUNE 19 1954

24c. NAME OF CEMETERY OR-CREMATORY ST. MORIAN CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 6-21-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.W. NECOMER'S SON'S K.C. Mo

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

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard L. Royer*.....

Licensed Embalmer No... *495*

P. O. Address *Kenosha, Wis.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.