

FILED DEC 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 37887

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 12											
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri				b. COUNTY St. Charles									
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles				c. LENGTH OF STAY (In this place)				c. CITY OR TOWN St. Charles									
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 1037 Madison St.				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or Print) a. (First) ALMA			b. (Middle)			c. (Last) ERMELING			4. DATE OF DEATH (Month) (Day) (Year) December 1, 1955								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 15, 1885		9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months 5		11. UNDER 1 YEAR Days 16		12. UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Henry Schone				13b. MOTHER'S MAIDEN NAME Louisa Horst				14. NAME OF HUSBAND OR WIFE August H. Ermeling									
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 OR NAME Mrs. Joseph Douglas Sullivan, Mo.				ADDRESS					
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) Major cardiac infarction acute + chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) giving the underlying cause last. DUE TO (b) Gen. arterio sclerosis DUE TO (c) 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Diabetes mellitus, Congestive heart failure INTERVAL BETWEEN ONSET AND DEATH 6 wks 2 yrs.								20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Obstruction Pylorus due to gastric polyp								20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 10/12, 1955, to 12-1-55, that I last saw the deceased alive on 12-1-55, and that death occurred at 7:40 AM., from the causes and on the date stated above.																	
23a. SIGNATURE R. S. Hamilton (Degree or title) M.D.						23b. ADDRESS St. Charles, Mo. December 3, 1955						23c. DATE SIGNED					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Dec. 4, 1955				24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery				24d. LOCATION (City, town, or county) (State) St. Charles, Mo.					
DATE REC'D BY LOCAL REG. Dec. 4 1955				REGISTRAR'S SIGNATURE Francis Hamilton				25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bane				ADDRESS St. Charles, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

PAUG 13 1958

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 *Flaunce M. Bille*.....

Licensed Embalmer No. *437*.....

P. O. Address *St. Charles*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.