

## FILED FEB 6 1956 STANDARD CERTIFICATE OF DEATH

State File No. 2466

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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) STAY		c. CITY OR TOWN St Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 704 a South 2nd St				e. STREET ADDRESS (If rural, give location) 704 So. 2nd St			
3. NAME OF DECEASED (Type or Print) George		a. (First)		b. (Middle)		c. (Last) D. Ermeling	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 16 1870		9. AGE (In years last birthday) 86		IF CHECKED: YEAR Months Days		IF CHECKED: HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Bottling Co.		11. BIRTHPLACE (City and State or Foreign Country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Ermeling		13b. MOTHER'S MAIDEN NAME Mary Berning		14. NAME OF HUSBAND OR WIFE Ida Hauck 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. 496-14-3450		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Ermeling St Charles 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) Coronary infarction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized 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 4 hrs.  20 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Albert Ermeling M.D.</i>				23b. ADDRESS 114 N. Main St., St. Chas., Mo.		23c. DATE SIGNED 2-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3 1956		24c. NAME OF CEMETERY OR CREMATORY St John's Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. Feb 2 1956		REGISTRAR'S SIGNATURE Fannie Hauck		25. FUNERAL DIRECTOR'S SIGNATURE C. Paul McChesney		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Arthur C. Blane*

Licensed Embalmer No. 3150

P. O. Address *W. Chesler*

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.