

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13765

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>29</u>				
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arnold, Mo.</u> b. COUNTY <u>Jefferson</u>						
b. CITY (If outside corporate limits, write RURAL and give townships) <u>Arnold (Rural)</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY OR TOWN <u>Arnold</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Arnold, (Rural)</u>				e. STREET ADDRESS (If rural, give location) <u>Arnold Rural</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emilie</u>			b. (Middle) _____		c. (Last) <u>Ehlers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 14, 1870</u>		9. AGE (to years last birthday) <u>86</u>		
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>near Antonia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Christ Saeger</u>			13b. MOTHER'S MAIDEN NAME <u>Ollie Harness</u>			14. NAME OF HUSBAND OR WIFE <u>Gustav Ehlers</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. C. Ehlers</u>			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) <u>Cor. Myocardial</u>						INTERVAL BETWEEN ONSET AND DEATH	
			ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____							
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Arnold Jefferson Mo.</u>			(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 <u>1948</u> , to <u>4/11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/10</u> , 19 <u>56</u> , and that death occurred at <u>11:45</u> a.m., from the causes and on the date stated above.										
23a. SIGNATURE <u>W. C. Ehlers</u>					23b. ADDRESS <u>Imperial Mo.</u>			23c. DATE SIGNED <u>4/14/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 14, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Luth. Cem.</u>		24d. LOCATION (City, town, or county), (State) <u>near Antonia, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4/14/56</u>		REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligtag Funeral Home, Imperial, Mo.</u>					

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 18 1956

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 *Elmer A. Light*.....

Licensed Embalmer No. *35*.....

P. O. Address *Imp...*.....

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.