BIRTH NO.
M.E. CASE NO
1. NAME OF DECEASED

HOWARD EHMKE   1. DATE AND HOUR OF DEATH   **MAR. 17, 1959   1:25 A.M.**

3. PLACE OF DEATH   BALTIMORE, MARYLAND   14. USUAL RESIDENCE (Where deceased lived...)
A. STATE   **PENNA.**   B. COUNTY   **PHILA.**

Hospital or Institution — give street
address or location

GERMANTOWN DISP. & HOSP.   C. CITY OR TOWN   **PHILA.**

PHILA., PA   D. STREET ADDRESS   **904 CAMBRIDGE APTS.**

SEX **M**   RACE **W**   MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **MARRIED**   DATE OF BIRTH **4-24-1894**   AGE **64**   IF Under 24 Hrs.

USUAL OCCUPATION   KIND OF BUSINESS OR INDUSTRY   BIRTHPLACE   CITIZEN OF WHAT COUNTRY?

TARPAULIN MFG.   **SILVER CREEK, N.Y.**   **USA**

FATHER'S NAME **CHARLES EHMKE**   MOTHER'S MAIDEN NAME **JULIA GREEN**

16. SOCIAL SECURITY NO. —   17. INFORMANT   **MARGUERITE P. EHMKE, CAMBRIDGE APTS.**   ADDRESS

Spouse—MARGUERITE POINDEXTER   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   (a) **ACUTE MENINGITIS (PNEUMOCOCCAL)   24 HRS.**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (a) stating the UNDERLYING CONDITION last.   (b) **LEFT OTITIS MEDIA (PNEUMO-COCCAL)   6 DAYS**
DUE TO

(c)   **3912**

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   **DIABETES MELLITUS (NEWLY DISCOVERED)**

19A. DAYS OF OPERATION   19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21C. AUTOPSY (Yes or No) **YES**   21B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT, SUICIDE OR CONTRIBUTORY CAUSE OF DEATH   21B. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)   21C. WHERE DID INJURY OCCUR?

21D. TIME OF INJURY   21E. INJURY OCCURRED   While At Work ☐   Not While At Work ☐   21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19___ to _____ 19___
that (I) last saw the deceased alive on _____ 19___ and that in (my) (our) opinion death occurred on the date and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE   M.D.   Attending Phys. ☐   Med. Director ☐   Staff Phys. ☐   23B. DATE SIGNED   **MAR. 17, 1959**

23C. PHYSICIAN'S NAME (Type)   **M.E. STANGER**   M.D.   23D. ADDRESS   **GERMANTOWN HOSP.**

24A. BURIAL, CREMATION, REMOVAL (Specify)   **CREMATION**   24B. DATE **3-20-59**   24C. NAME OF CEMETERY OR CREMATORY   **CHELTEN HILLS**   24D. LOCATION **PHILADELPHIA**

25A. DATE REC'D BY HEALTH DEPT.   **MAR. 18, 1959**   25B. NAME OF REGISTRAR   **Joseph A. Farrell**   25C. FUNERAL DIRECTOR   **J. MALCOLM HENDERSON, KIRK & NICE, 6301 GTN. AVE. PHILA.**