

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15360
1493

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 6060 Pershing Ave.)

File No.

Registered No. 4294

St. Ward)

2. FULL NAME

Isabella Erickson

(a) Residence. No. 6060 Pershing Ave. St. 37 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 25 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work St. Louis

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sheffield (STATE OR COUNTRY) England

10. NAME OF FATHER Wm. L. Erickson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Levee

12. MAIDEN NAME OF MOTHER Elizabeth Mungell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT Nellie G. Hietelings (Address) 6060 Pershing Ave.

15. FILED 20 1928 May C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 15th, 1928, to Apr. 19th, 1928 that I last saw h. or alive on April 19th, 1928, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A
10% Acute Pericarditis
90B (duration) yrs. mos. 5 ds.
CONTRIBUTORY Lobar Pneumonia (Post Sipped) (SECONDARY) P (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED 101A IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph Hardy, M. D.

Apr. 19 28 (Address) 7602 So. Parkway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peter's Cem. April 21 1928

20. UNDERTAKER

ADDRESS

Alexander & Sons 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE IN INK. WITH UNFADING INK. THIS IS A PERMANENT RECORD

1 3174 Taylor 2107 at 1850 ft. 2.5 1.5