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

Do not use this space.

31713

File No. 8951

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis Mo. (No. 2409 N. 12 St St. Ward)

2. FULL NAME John J. Erwin

(a) Residence (Usual place of abode) No. 2409 N 12 St St., 26 Ward.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Erwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	3	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Drop Hammer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Geo. Erwin

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

12. MAIDEN NAME OF MOTHER Elizabeth Goodw

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

14. INFORMANT Maggie Erwin
(Address) 2409 N 12 St

15. FILED SEP -6 1928 Ray C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 26th 1928, to Sept 3rd 1928, that I last saw him alive on Sept 13rd 1928, and that death occurred, on the date stated above, at 3 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease of the Heart (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Cystitis from Enlarged Prostate Gland (duration) — yrs. 1 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dent Known

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis

(Signed) [illegible], M. D

Sept 5, 1928 (Address) 4105 N Florissant Ave

*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 Johns North	Sept. 7 1928
20. UNDERTAKER	**ADDRESS**
Hy Leidner Und Co	1417 N Market

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.

UNLESS PARENTS, WITH CHILDREN INCLUDING THIS IS A PERMANENT RECORD