

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

Do not use this space.

23480

**1. PLACE OF DEATH**

County ..... District No. **791**  
 Township ..... City Registration District No. **1003**  
 City **St. Louis** (No. **South City**) (Ward) **12**  
 Registered No. **6987**

**2. FULL NAME**

**Aaron Horace Erickson**  
 (a) Residence. No. **1422** N. **Whittier** St., **11** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. A. H. Erickson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar 22 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**39 3 6**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Painter**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Maam Erickson**

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

12. MAIDEN NAME OF MOTHER **Louisa**

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

14. INFORMANT **Mrs. A. H. Erickson**  
 (Address) **2606 1/2 Bell Bluffs**

15. FILED **11** 19 **11** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 28<sup>th</sup> 1929**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at ..... **12-9** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic Myocarditis**

CONTRIBUTORY (SECONDARY) **900**

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

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

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) **J. W. Kerner, M.D.**  
**6/29, 1929** (Address) **Dep. Coroner**

\*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 **Father Erickson** DATE OF BURIAL **7/3<sup>rd</sup> 1929**

20. UNDERTAKER **R. C. Houston & Thomas** ADDRESS **2812**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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