

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **St. Mary's Infirmary**)

File No. **25868**

Registered No. **7041**

St. Ward) **1**

2. FULL NAME

Henry Ermer

(a) Residence No. **1808 Rutger St.** **22** 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 male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 22-1868**

7. AGE YEARS **61** MONTHS **3** DAYS **11** If LESS than 1 day, hrs. or min.

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

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

10. NAME OF FATHER **Unknown**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Mrs. Minnie Ermer**
(Address) **1808 Rutger St.**

15. FILED - 1 19 **Mar 27 1929** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **7/3 1929**

17. I HEREBY CERTIFY, That I attended deceased from 6/25 1929, to 7/4/29 1929, that I last saw him alive on 7/4/29 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema following pneumonia
Lobar pneumonia (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Emphysema** (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Typical Exam**
(Signed) **D. W. H. M. D.**

, 19 (Address) **1536 Poplar St**

*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 **St. Johns Cemetery** **July 5 1929**

20. UNDERTAKER **E. J. Schurer** **3125 Lafayette Ave**

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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