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

Do not use this space.

2759

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No.
Township Central — Primary Registration District No. 4469 — Registered No. 13
City Maplewood (No. 7817 Weaver Ave. St. Ward)

2. FULL NAME Charles A. Errickson
(a) Residence. No. 7817 Weaver Ave St., 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: Mal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-28-1851

7. AGE: YEARS 79 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Wisconsin 2

PARENTS
10. NAME OF FATHER Andrew Errickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Norway. 24
12. MAIDEN NAME OF MOTHER Margaret Quinn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Norway.

14. INFORMANT Margaret Errickson
(Address) 7817 Weaver Ave.

15. FILED 1/19 1931 Mercedes Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to January 17, 1931 that I last saw him alive on January 16, 1931 and that death occurred, on the date stated above, at January 17 10:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
Chronic
93C
102 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tests
(Signed) George Rendleman M. D.
Jan 17, 1931 (Address) 492-4 Arcadia Bld. St Louis Mo.

*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: Lake Charles. — DATE OF BURIAL: 1/19 1931

20. UNDERTAKER: Croghan Und Co. — ADDRESS 7146 Manchester Ave.

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.

FEB 23 1931

V. S. No. 2.