

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

Do not use this space.

3990

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. City, Sanitown St. _____ Ward)

File No. _____
 Registered No. 1239

2. FULL NAME Charles J. Erb

(a) Residence. No. 4034 1/2 N. Grand St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-24-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>49</u>	<u>8</u>	<u>4</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Carpenter 2
 (b) General nature of industry, business, or establishment in which employed (or employer). Unknown
 (c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) Cleveland. 2

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) 15

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John J. Ryan, M. D.
 (Address) 5400 Cleveland St.

15. FILED JAN 31 1931 W. C. HAWKINS
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-5-1931, to 1-28-1931, that I last saw him alive on 1-28-1931, and that death occurred, on the date stated above, at 9:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of the Insane
83 (duration) yrs. mos. 24 ds. +

CONTRIBUTORY (SECONDARY) 95 Ch. Myocarditis
 (duration) yrs. mos. 24 ds. +

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) John J. Ryan, M. D.
1-28-1931 (Address) 5400 Cleveland 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 New St. Marcus DATE OF BURIAL 1-31-1931

20. UNDERTAKER Provochuk & Co ADDRESS 3710 N. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

