

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

Do not use this space.

15515

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City St. Louis

Registration District No. 289  
Primary Registration District No. 60.33B  
(No. 2833 Maple Pl.)

File No. \_\_\_\_\_  
Registered No. 139  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Ernst

(a) Residence No. 2833 Maple Pl. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Agnes Ernst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20, 1874

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	56	5	14	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Ernst

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

12. MAIDEN NAME OF MOTHER Margaret Hoff

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

14. INFORMANT Mrs. Agnes Ernst  
(Address) 2833 Maple Pl.

15. FILED 4/5 1931 Wella Bruce M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1st 1931, to April 4 1931, that I last saw him alive on April 4 1931, and that death occurred, on the date stated above, at 3.15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
82.A  
99  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis  
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at place of death  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT BEST CONFIRMED DIAGNOSIS Cerebral  
(Signed) W. Sharrifield M.D.  
4/4 1931 (Address) 8900 Bristol

\*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 Valhalla Crematory DATE OF BURIAL 4-6 1931

20. UNDERTAKER Geo. L. Fleitach ADDRESS 5966 Easton 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.

MAY 27 1931

no. 1  
3766 Buxton