

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

Do not use this space.

40594

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No. St. Ward)

Registration District No. 297
Primary Registration District No. 3016

File No.
Registered No. 132

2. FULL NAME Henry Ernst

(a) Residence. No. 625 West 5th Str St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 0 mos. 0 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 Elizabeth Noelke Ernst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25-1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>2</u>	<u>17</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Hildesheim
(STATE OR COUNTRY) Hanover Germany

PARENTS	10. NAME OF FATHER <u>Henry Ernst</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Not Known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Elizabeth Noelke Ernst
(Address) 625 West 5th Street

15. FILED 12/12/31 O. L. Zmurch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12-31 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-10-31 to 12-12-31 that I last saw him alive on 12-12-31, and that death occurred, on the date stated above, at 7:15, P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis

118/130 (duration) 0 yrs. 0 mos. 3 ds.
CONTRIBUTED Epidemic Influenza
(SECONDARY) (duration) 0 yrs. 0 mos. 3 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 findings
(Signed) B. Remondet, M. D.
12/14/31 (Address) Washington, 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 Catholic Cemetery DATE OF BURIAL 12/15th 1931

20. UNDERTAKER Otto & Co Washington Mo ADDRESS

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.

