

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

Do not use this space.

3246

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 5601, Delmar)

File No.

Registered No. 1020

St. Ward)

2. FULL NAME Margaret Erman

(a) Residence, No. 5562 Clemens St., 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeremiah Erman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 = 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Patrick M^c Donald!

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Ruth Erman 5562 Clemens Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 1 1932

19. UNDERTAKER (ADDRESS) Muller, Lind & Co. 516 1/2 Delmar 13th St.

20. FILED JAN 31 1932 W. J. Staker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 yrs., 1922, to Jan 15, 1932 (Last saw her alive on Jan 18, 1932 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic (undiscovered)
93
102 93

Other contributory causes of importance: hyperemia

Name of operation 9 - 0 Date of 9 - 0
What test confirmed diagnosis? 9 - 0 Was there an autopsy? 9 - 0

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 9 - 0 Date of injury 9 - 0, 1932

Where did injury occur? 9 - 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 9 - 0
Nature of injury 9 - 0

24. Was disease or injury in any way related to occupation of deceased? 9 - 0
If so, specify

(Signed) Clarence G. Drum, M. D.
(Address) 1925 1/2 Union

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.

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