

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1002**
 City **St. Louis, Missouri** No. **3134** , **Leola** St. **3** Ward.

File No. **41889**
 Registered No. **10978**
 St. Ward)

2. FULL NAME Frederick Erck

(a) Residence, No. **3134** **Leola** St., **3** Ward.

(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 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 Henrietta Koester Erck		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1864		
7. AGE YEARS 68	MONTHS 5	DAYS 7
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker Hotel American Hotel
	10. Date deceased last worked at this occupation (month and year) 9 years ago
11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) **Saxony, Germany** (STATE OR COUNTRY) **10**

13. NAME **Valentine Erck**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Anna Thesom**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Henrietta K. Erck** (ADDRESS) **3134 Leola**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cemetery** DATE **December 12, 1932**

19. UNDERTAKER **Frederick General Home** (ADDRESS) **1906 St. Louis**

20. FILED **DEC 12 1932** **May C. Stankin** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 9, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 31st** 1932, to **Dec 9th** 1932
 I last saw him alive on **Dec. 9th** 1932. Death is said to have occurred on the date stated above, at **2:30P.m.**

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

Chronic interstitial nephritis Date of onset **7 yrs**
131
90A 131
 Other contributory causes of importance:
Mitral regurgitation Many yrs

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....

(Signed) **G. M. Schuchert**, M. D.
 (Address) **2327 So. 12th St**

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.

