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

Do not use this space.

File No. 21491
Registered No. 5280

1. PLACE OF DEATH

County ..... Registration District No. 39
Township ..... Primary Registration District No. .....
City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Joseph L. Ernst

(a) Residence, No. 3725 Fair Ave St., 10 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: 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 Bertha E. Ernst (Arnold)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1867

7. AGE: YEARS 65 | MONTHS 10 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisher Body Co
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) Belleville Ill

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill

17. INFORMANT (ADDRESS) Mrs. Bertha E. Ernst 3725 Fair Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belleville, Ill DATE June 17 1933

19. UNDERTAKER (ADDRESS) Math Hermann and Son 4161 East Fair Ave.

20. FILED JUN 16 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/7, 1932, to 6/15, 1932
I last saw him alive on 6/15, 1933 Death is said to have occurred on the date stated above, at 4:50 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
4610	

Other contributory causes of importance:

Name of operation Colostomy Date of 8/10/32
What test confirmed diagnosis? Biopsy Was there an autopsy? No

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) W. K. McIntyre, M. D.
(Address) 1215 Mo. Theatre Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

S. No. 2.