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.

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

Do not use this space.

34786

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8951

City St Louis Mo (No. City Hospital St. ..... Ward)

2. FULL NAME Alfred Ernst Sr

(a) Residence, No. 3848a St Ferdinand 11 Ward. (If nonresident, give city or town and State)
(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.

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~~ Esther Ernst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1888

7. AGE YEARS 45 MONTHS 4 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 120 B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not employed 123

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) St Louis Mo

FATHER

13. NAME Charles Ernst

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

MOTHER

15. MAIDEN NAME Barbara Wagoner

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

17. INFORMANT Esther Ernst
(ADDRESS) 3848a St Ferdinand Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE Oct 18 1933

19. UNDERTAKER Edith E. Embruster Und Co
(ADDRESS) 4234 Manchester Ave

20. FILED ..... 19.. J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:12 p.m.

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

Haemorrhage from intestines, Chronic Gastro Enteritis 120 B

Date of onset

Other contributory causes of importance:

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) Harold [illegible] M.D.

(Address) Dep Coroner

10/16/33