

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.

APR 25 1935

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 6033A
(No. St. Louis county Dept. 1)

File No. 10448
Registered No. 89
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6323 Chamberlins, Ward. Oreland mo
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Erdin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1884

7. AGE YEARS 50 MONTHS 5 DAYS — If LESS than 1 day, hrs. or min.

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

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

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

MOTHER 13. NAME Herman Erdin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Elizabeth Louise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Mrs. John F. Sharkey 5586 Hazel - St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE S. J. Peter - Pauls DATE 3-12 1935

19. UNDERTAKER (ADDRESS) Baumman Bros. Inc. 2504 Woodson Rd. Oreland Mo

20. FILED Feb. 11 1935 Rolf J. Ambruster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/35 1935

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

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2P m.

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

Carcinoma of larynx of all abnlexia. Date of onset

Other contributory causes of importance:

Asphyxia due to occlusion of the larynx by the cancerous growth.

Name of operation OVER Date of _____

What test confirmed diagnosis? autopsy 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) John E. Turner, M. D.

(Address) 3718 Jennings St.

Turner, St. Louis, Mo.

Has been hospitalized at short periods at
St. Louis County Hospital, while going to
hospital last time died in the machine
before entering hospital.