

JUN 24 1935

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

Do not use this space.

19734

1. PLACE OF DEATH

County Jackson Registration District No. 395  
Township North Primary Registration District No. 19  
City St. Louis (No. Research Hospital St.                      Ward                     )

File No.                       
Registered No. 2593

2. FULL NAME

Vernon Joseph Ericson  
(a) Residence, No. Elberd, Rd. St.                      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

MEDICAL CERTIFICATE OF DEATH

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 Pearl E. Ericson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2nd 1907  
7. AGE YEARS 32 MONTHS 11 DAYS 4th IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                       
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) Kansas

13. NAME Joseph Ericson

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

15. MAIDEN NAME Amanda Olson

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

17. INFORMANT Mrs Pearl Ericson (ADDRESS) Flowers Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Clare Home DATE 6-12-35

19. UNDERTAKER Mrs. E. L. Forester (ADDRESS) 918 Broadway Ave

20. FILED 9/10 1935 M. H. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 10 - 1935  
22. I HEREBY CERTIFY, That I attended deceased from 7:00 1935, to 6-10 1935  
I last saw him alive on 6-10 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Embolus  
Sept.  
8201  
Other contributory causes of importance:  
Nausea Emphysema (?)

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) Donald C. Seach M. D.  
(Address) 922 N. W. 15th St. St. Louis, Mo.

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.

2299

