

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.

NOV 9 1935

791
1003

8698
34273

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St Louis* (No. *City South*)

Ward.....

2. FULL NAME

Clinton Erhardt

(a) Residence, No. (Usual place of abode)

4217 Center Ward *11*

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 22-1902*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *— 5 22*

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

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) *St Louis Mo*

13. NAME *Louis Erhardt*

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

15. MAIDEN NAME *Mary Ann*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Jersey*

17. INFORMANT (ADDRESS) *Step J. J. McNeil City South*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Memorial Park Oct 16 1935*

19. UNDERTAKER (ADDRESS) *Mullen Bros 4259 Lindell*

20. FILED *OCT 16 1935 J. Bredeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10/14 1935*

22. I HEREBY CERTIFY, That I attended deceased from *10/6 1935*, to *10/14 1935*

I last saw him alive on *10/14 1935*. Death is said to have occurred on the date stated above, at *11:20 pm*.

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

Otitis Media bilateral Parenteral Diarrhea

Date of onset

Other contributory causes of importance:

Congenital Syphilis Rotten Pneumonia Tetany

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

What test confirmed diagnosis?..... 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? If so, specify

(Signed) *Roy Greenbaum*, M. D. (Address) *City South*

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