DEC 12 1935

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

Do not use this space.

37996

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 10008

1. PLACE OF DEATH

County
Township
City St. Louis Mo. (No. , Montana St. Ward)

2. FULL NAME Celia Ermin

(a) Residence, No. 1603 S. Jefferson St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22. 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	1	6	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) about Nov 1915

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT A. C. Miller M.D.
(ADDRESS) 5300 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Nov 30 1935

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED NOV 29 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Nov. 28, 1935
I last saw he alive on Nov 27, 1935. Death is said to have occurred on the date stated above, at 9 15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930+
Pulmonary edema	1935+

Other contributory causes of importance:

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.
none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) A. C. Miller, M. D.
(Address) 5300 Arsenal St.