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.

MAY 27 1936

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

Do not use this space.

18051

1. PLACE OF DEATH
County: St. Louis
Township: Carondlet
City: (No. 362 Goetz St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 E

File No.
Registered No. 155

2. FULL NAME: Nicholas C. Erickson
(a) Residence, No. 362 Goetz 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

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: Randana Erickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 7, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Not employed
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): Unknown

FATHER
13. NAME: Christ Erickson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs Ed. Hammer
(ADDRESS) 362 Goetz

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Lawn DATE: April 21, 1936

19. UNDERTAKER: Fendler Und. Co.
(ADDRESS) 744 Lemay Ferry Rd.

20. FILED Apr 20, 1936 H Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to April 18, 1936
I last saw h. alive on April 18, 1936 Death is said to have occurred on the date stated above, at 11 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia, bilateral	Apr. 12, 1936
Other contributory causes of importance:	
Chronic Myocarditis, Congestive type	unk. about 1 yr.
Cardiac Asthma	

Name of operation: none Date of —
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Dean H. Mowry M.D.
(Address) 9439 Edgar Ave St. Louis Co. Mo.