

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

Do not fill this space.  
**5866**

REC'D MAR 4 1938

1. PLACE OF DEATH

(a) County Jayson Registration District No. 399  
 (b) Township Yean Primary Registration District No. 1002 Registered No. 932  
 (c) City Kansas City (d) Street No. 2 C Gen Hosp St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marvin Erb 610

(a) Residence, No. 3243 Park St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Allie Erb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1875

|        |           |          |           |                                  |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|        | <u>62</u> | <u>9</u> | <u>26</u> |                                  |

OCCUPATION

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

9. Industry or business in which work was done, as 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) Arkansas

FATHER

13. NAME Seigfried Erb

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

MOTHER

15. MAIDEN NAME Hannah Welp

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

17. INFORMANT (ADDRESS) De Wad Cley  
2 C Gen Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL  
 PLAC Memorial Pl. DATE 2-28 1938

19. FUNERAL DIRECTOR Carroll Harrison  
 (ADDRESS) 3024 West 15th St. Mo.  
2128 38th M. M. Brown  
 Local Registrar.

20. FILED 2/28 1938

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1938, to 2-26 1938  
 I last saw him alive on 2-26 1938 Death is said to have occurred on the date stated above, at 12:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach with 46 metastases

Date of onset

Other contributory causes of importance:

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) P. J. De Maria, M. D.  
 (Address) Sept 7 C Gen Hosp KCM

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**