REC'D MAY 24 1938

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

Do not use this space.

15693

File No.

Registered No. 61

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.

1. PLACE OF DEATH

County St Charles Mo. Registration District No. 757

Township Primary Registration District No. 3036

City St Charles (No. , St. Ward)

2. FULL NAME JOSEPH STEPHEN ERKOLEIN. C.S.E.

(a) Residence, No. 1726 N. 2nd St Charles St. Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7th 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	10	7	

OCCUPATION

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo 0

FATHER

13. NAME Joseph Erkolein 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo. 0

MOTHER

15. MAIDEN NAME Josephine Henke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville Mo.

17. INFORMANT Edw. A Erkolein
(ADDRESS) St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem, DATE April 19th/38

19. UNDERTAKER H. C. Dallmeyer & Son's Co.
(ADDRESS) 200 N. Second St St Charles Mo

20. FILED 4/19 1938 Clarence P. Neuler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-38 , 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest, 19 , to 4-15-38 , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at noon m.

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

	Date of onset
Coronary Sclerosis.	
Acute Heart Failure.	
9 H Po	✓

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? no

If so, specify

(Signed) John H Buse M.D.

(Address) Coroner St. Charles. Co./Mo.