

REC'D FEB 10 1939

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

266

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... St. Louis..... (d) Street No. Bethesda Hospital..... 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.

791

1003

Registered No. 266

2. PRINT FULL NAME Max F Ermscher

(a) Residence, No. 4529 Oakland Ave St. 18  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 10 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Machine Oper  
9. Industry or business in which work was done, as saw mill, bank, etc. Champion Shoe Co  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Leipzig  
(STATE OR COUNTRY) Germany

13. NAME Charles Ermscher  
14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Ernestine Braun  
16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Emma Freiberg  
(ADDRESS) 4529 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus Cem DATE Jan 9 1939

19. FUNERAL DIRECTOR Beiderwieden Funl Home Inc  
(ADDRESS) 1936 St Louis Ave

20. FILED JAN 9 1939 J. B. Budick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1939

22. I HEREBY CERTIFY, that I attended deceased from April 5, 1938, to Jan. 6, 1939

I last saw him alive on Jan. 6, 1939 Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Arteriosclerosis and diabetes with uric acid myocarditis

Date of onset

Other contributory causes of importance:

Immediate cause of death - myocarditis with angina

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. S. Lapeyrie, M.D.(Address) Bethesda General Hosp.

WHITE 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.

**STATEMENT BY LICENSED EMBALMER**

I, *Guadalupe*, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*  
\_\_\_\_\_  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed *Guadalupe*  
Licensed Embalmer No. *3737*

**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.)**