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.

REC'D AUG 11 1939

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

23616
Do not use this space.

791
1003
5889

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 5889
(c) City St Louis Mo (d) Street No. 1755 S Grand Mo. Pacific Hosp.
(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 650 Fred Erwin
(a) Residence, No. 3400 Delmar St. 21
(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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Erwin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-14-1884 ~~30 1898~~
7. AGE: YEARS 54 | MONTHS 8 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. R.R Laborer
10. Date deceased last worked at this occupation (month and year) May 1939
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bendville S. Carolina

FATHER
13. NAME: Peter J. Erwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S Carolina

MOTHER
15. MAIDEN NAME: Silvia Fullington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S. Carolina

17. INFORMANT (ADDRESS): Mary Williams 3134 Delmar Blvd.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Pa. DATE 7-4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): G W Bruce 1003 N Garrison ave.
20. FILED JUL 3 1939 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 24, 1939, to June 29, 1939
I last saw him alive on June 29, 1939 Death is said to have occurred on the date stated above, at 5:55 P.m.
The principal cause of death and related causes of importance were as follows:

Ischio Rectal Abscess

Date of onset

Other contributory causes of importance: Diabetes Mellitus

Name of operation Incision of Abscess Date of 6/5/39
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) R. O. Illyes M. D.
(Address) Missouri Pacific Hospital St Louis, Mo.

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, William C. McDowell, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 350 b Franklin

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

If this body is not embalmed, above space should be left blank.