

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40792

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2072

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution:
112 E. Etta
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) ?

3. (a) PRINT FULL NAME John Ernst

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced ?

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 21, 1854
 (Month) (Day) (Year)

8. AGE: Years 85 Months - Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name William Ernst

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Adeline Wessling

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Fisher

(b) Address 112 E. Etta

17. (a) burial (b) Date thereof 11/26/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cem

18. (a) Signature of funeral director Fendler Hhd. Co.

(b) Address 7420 Michigan

19. (a) NOV 26 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Lemay, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 112 E. Etta
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24/39
 year 1939 hour 11:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 24th at 11:30 AM 1939 to _____ 19____;
 that I last saw him alive on Nov 24th 11:35 AM, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Phosmia Myocardita

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Edward C. Beck (M. D. or other) _____

Address 9468 So Broadway Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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