

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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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40797
Registrar's No. 2024

Registration District No. 784 Primary Registration District No. J00

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Lemay
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RFD, Erb Rd. Oakville, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Wilhelmina Erb 6/11
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Erb 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased February 10, 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business 6

MOTHER FATHER
 12. Name Casper Bott
 18. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Elisa Kaus
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Winnie Erb
 (b) Address Erb Rd. RFD. Lemay, Mo.

17. (a) Burial (b) Date thereof Nov. 20, 39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director C Hoffmeister
 (b) Address 7814 S. Broadway

19. (a) NOV 19 1939 (b) R K Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Lemay
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD. Erb. Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. 17 day 17
 year 1939 hour 12.01 a.m. pm.

21. I hereby certify that I attended the deceased from 1936 1939
 to Nov 17 1939
 that I last saw her alive on Nov. 16 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Cardiovascular Renal Disease
 Due to 131

Other conditions Arricular fibrillation
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations.
 Of autopsy Underline the cause to which death should be charged statistically

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 1
(Specify type of place) (Means of injury)
 23. Signature Poland E. Hasto M.D. (M. D. or other) 1
 Address 3723 S. Kings Highway B2 Date signed 11-18-39

FE 1600

37230
Kerridgebury

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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

Edwin H. Lechner

Licensed Embalmer No.

4049

P. O. Address

6464 Chippewa

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.