

440 JUN 15 1940

791

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6306 Famous Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles L. Erneman 655

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 2, 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 4 20 hr. _____ min.

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

10. Usual occupation Retired Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Erneman

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

14. Maiden name Unknown

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

16. (a) Informant Doris Mae Messerly
(b) Address 6306 Famous, St. Louis, Mo.

17. (a) Cremation (b) Date thereof 5/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister, M.D.

(b) Address 7814 S. Broadway, St. Louis,

19. (a) MAY 22 1940 (b) J. F. Berthel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6306 Famous Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 5 hour a.m. minute _____ M.

21. I hereby certify that I attended the deceased from March 22
1940, to May 22, 1940;
that I last saw him alive on May 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis (chronic) 2 mo.
Duration

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. P. Nemerich, M.D. (M. D. or other) 1115

Address 6306 Famous Ave Date signed 5/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. P. Hennreich
6200 Columbia Avenue

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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S Broadway*.....

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.