

No. 2
1-18-40
17-39
X231

FILED SEP 25 1940 791

State File No. 6776

Registration District No.

Primary Registration District No. 1003

Registrar's 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: 609a Russell 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 60 years
years, months or days)

3. (a) PRINT FULL NAME Frances Erbs 612

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Erbs

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased November 1, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>8</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Michael Huettler

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

14. Maiden name Unknown

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

16. (a) Informant Lena & Leona Decker

(b) Address 609a Russell

17. (a) Burial (b) Date thereof 8/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. S. S. Peters & Paul

18. (a) Signature of funeral director Wacker - Decker

(b) Address 2331 S. Broadway

19. (a) AUG 9, 1940 (b) Jet Brede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 609a Russell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1940 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from Aug 4, 1940 to Aug 9, 1940
that I last saw her alive on Aug 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Uraemia
Chronic interstitial nephritis

Due to

Due to

Other conditions
(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?

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

(Specify type of place)

While at work?

(a) Means of injury

23. Signature T. Schneider (M. D. or other) MD
Address 2000 E 9th Date signed 8/19/40

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

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.....

Frank J. Wykang

Licensed Embalmer No.

2675

P. O. Address.....

St. Louis Mo

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, fact should be so stated above.