V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30506

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7783

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:
Little Sister of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3109 So. Grand
(If rural, give location)

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

3. (a) PRINT FULL NAME August Ernst

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased July (Month) 17 (Day) 1860 (Year)

8. AGE: Years 80 Months 1 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Millwright RETIRED

11. Industry or business Brewery

FATHER
12. Name Henry Ernst
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Schneider
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Emma Ernst
(b) Address 4917 Nottingham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director J. J. Zigenhardt
(b) Address 7027 Gravois Ave.

19. (a) SEP 18 1940 (Date received by local registrar) (b) J. P. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 1 1940 to Sept. 16 1940 that I last saw him alive on Sept. 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Cerebral Hemorrhage — Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis Hypertension — Duration 5 yrs

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 Chas. Clark M.D. (M. D. or other)
Address Date signed 9-17-40

(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.