No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33053

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1762

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location) 10

(d) Length of stay: In hospital or institution 1 mo. 27 days (Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Overland (If outside city or town limits, write "RURAL")

(d) Street No. 10657 Thorpe (If rural, give location)

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

3. (a) PRINT FULL NAME Jo Anna Erard

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

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

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

7. Birth date of deceased Aug. (Month) 16 (Day) 1934 (Year)

8. AGE: Years 6 Months 0 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis County (City, town, or county) No. 0 (State or foreign country)

10. Usual occupation nil. 1

11. Industry or business 1

FATHER
12. Name Elmer Erard
13. Birthplace Pittsburg (City, town, or county) Kan. (State or foreign country)

MOTHER
14. Maiden name Mary Lovelace
15. Birthplace Bellville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Elmer Erard

(b) Address 10657 Thorpe

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

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Baumann Bros

(b) Address 2504 Woodson Rd. Overland Mo.

19. (a) SEP 17 1940 (Date received local registrar) (b) R. Meyer M. D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 7-18-40, 19..., to 9-14-40, 19...; that I last saw her alive on 9-14-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Marasmus	2 mo.
Due to Megalocolon ?	-
Due to Colitis ?	-
Other conditions (Include pregnancy within 3 months of death) 1 1 4 Pr	

Major findings: Of operations Greatly distended & inflamed colon.

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 James Donald M. (M.D. or other)

Address St. Louis Co. Hosp. 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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

*** If this body is not embalmed, fact should be so stated above.**