DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33474

Registration District No. 791 NOV 16 1940

Primary Registration District No. 1003

Registrar's No. 8171

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community years, months or days)

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. 3633 Shenandoah Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Carrie B. Ervin

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 Married

6. (b) Name of husband or wife Harry G. Ervin

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 8 1882 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Morrison
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Loraine Simmons
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry G. Ervin
(b) Address 3633 Shenandoah Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Illinois

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) OCT 1 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day September year 1940 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 20, 1940, to Sept 30th, 1940; that I last saw her alive on Sept 29-40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured appendix Gen. peritonitis	1 Hr da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ruptured appendix Gen. peritonitis
Of autopsy no.

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 [illegible] (M. D. or other) MD
Address [illegible] Date signed 10/1/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 8-17-39 I X19511

Dr Owens
Funeral Hosp.
10 30 am Tuesday

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. Owens

Licensed Embalmer No. 2245

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, above space should be left blank.