

REGD JAN 8 1941
Registration District No. 780

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7315 Winchester Dr.
(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 2

3. (a) PRINT FULL NAME Frank C. Ernst
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary A. Ernst
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 6th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 1 hr. _____ min.

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

10. Usual occupation Foreman retired 13 Yrs.

11. Industry or business National Metal Bearing Co.

MOTHER FATHER { 12. Name George Ernst
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 Mary A. Ernst
(b) Address 7315 Winchester Dr.

17. (a) Burial (b) Date thereof 12-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 7 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7315 Winchester Dr.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1940 hour 4 minute A.M. M.
21. I hereby certify that I attended the deceased from 12-29-37
_____, 19____, to _____, 19____;
that I last saw him alive on 12-7, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hrs

Due to Arterio sclerosis 20 yrs

Due to Chronic nephritis 20 yrs

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

Major findings: Of operations no
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) none
(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?

23. Signature [Signature] (Specify type of place) _____ (e) Means of injury _____
Address 240 Bernhardt Ave. Date signed 12-7-40

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

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340 Bonaville Pasadena Hills
Evergreen 4940
Thursday 8-10 AM

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 *Edwin D McRae*

Licensed Embalmer No. *3024*

P. O. Address.....

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

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