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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20510**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5322**

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:
6058 Kingsbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **life** 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. **6058 Kingsbury** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ALICE B. ERNST**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **27**
year **1941** hour **3** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **Jan 27**
1941 to **June 27** 1941
that I last saw her alive on **June 26** 1941
and that death occurred on the date and hour stated above.

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 **March 21 - 1862**
(Month) (Day) (Year)

Immediate cause of death
Pneumonia Splenic flexure Colon
Due to _____
Duration **6 MO**

8. AGE: Years **79** Months **3** Days **6**
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
Hb
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **school teacher**

11. Industry or business _____
12. Name **Gustavus Ernst**
13. Birthplace **Schluswig-Holstein Denmark**
(City, town, or county) (State or foreign country)
14. Maiden name **Johanna Flicke**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **not**
(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? _____

16. (a) Informant **Lillie R. Ernst**
(b) Address **6058 Kingsbury av.**
17. (a) **burial** (b) Date thereof **6/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine**

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **W. W. Gilbert** (M. D. or other)
Address **2739 N. Grand** Date signed **6/27/41**

18. (a) Signature of funeral director **Alexander & Sons**
(b) Address **6175 Delmar Blvd.**
19. (a) **JUN 27 1941** (b) **J. Bodiek**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

FOR W. W. ...
2739 N. Grand (354)

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... *Joe E McCulloh*

Licensed Embalmer No. *2460*

P. O. Address *6170 Delmar*

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.