

FILED OCT 1 8 1941
7911

STANDARD CERTIFICATE OF DEATH

State File No. 29836
Registrar's No. 7174

Registration District No. 7911 Primary Registration District No. 1003

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:
Missouri Baptist Hospital
(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)

3. (a) PRINT FULL NAME George T. Erdelen

3. (b) If veteran, name war World War 3. (c) Social Security No. 498-03-7062

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Smith Erdelen 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec 7th 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Stone Mason

11. Industry or business _____

MOTHER FATHER { 12. Name John J. Erdelen
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary O'Malley
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Erdelen
(b) Address 4124 Fair Ave

17. (a) Burial (b) Date thereof 9/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Calvary Cemetery

18. (a) Signature of funeral director Stroop - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) SEP 4 1941 (b) J. T. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 10 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4124 Fair Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1941 hour 5 minute 50a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him 1m alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Sclerosis
Chronic Nephritis

Heart Exhaustion
not a heart stroke

Other conditions _____

(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature Thomas J. Kellum (M. D. or other) 3

Address Deputy Coroner Date signed 9/4/41

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

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: *F. H. Steady*

Licensed Embalmer No. *2265*

P. O. Address *4600 Woodridge*

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.