Dr. G. M. Jenkins

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32399

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 173

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 1726 N. Second Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community — 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 092 9 3

(c) City or town St. Charles (If outside city or town limits, write "RURAL")

(d) Street No. 1726 N. Second St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Josephine Erkolein

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Erkolein

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January (Month) 12 (Day) 1862 (Year)

8. AGE: Years 79 Months 7 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown - Henke
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Edward A. Erkolein

(b) Address 1726 N. Second, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11-1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem., St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 9-11-41 (Date received local registrar) (b) Clarence G. Wissler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Jan 10, 1938, to Sept. 9, 1941; that I last saw her alive on Sept. 9, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to Myocarditis, Chronic	?
Due to Coronary Heart Disease	
Other conditions Chronic Cholecystitis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

93d

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 J. M. Jenkins (M. D. or other)

Address St. Charles Mo Date signed 9-10-41

679 (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 John E Dalhmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles Mo

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.