

FILED JAN 24 1941
Registration District No. **751**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Three 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. **4520 St. Ferdinand**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Alsace Lorraine**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **10**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 7** 19 **41** to **Dec 10** 19 **41**
that I last saw him alive on **Dec 10** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Degeneration**
Ch. Myocarditis (degenerative)
of decomposition

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy **131**

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)
(e) Manner of injury _____
23. Signature **J. F. Meder** (M. D. or other) _____
Address **4960 - 1/2 - 1/2** Date signed **12/12/41**

3. (a) PRINT FULL NAME **Alphonse Erlenbach**

3. (b) If veteran, name war _____ 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 **Caroline Eoeb** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Dec. 8, 1873**
(Month) (Day) (Year)

8. AGE: Years **68** Months _____ Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Alsace Lorraine**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Baker Baker**

11. Industry or business _____

12. Name **Charles Erlenbach**

13. Birthplace **Alsace Lorraine**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. Erlenbach**

(b) Address **4520 St. Ferdinand**

17. (a) **Burial** (b) Date thereof **Dec. 13**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bronschweig Ltd. Co.**

(b) Address **4746 W. Florissant**

19. (a) **DEC 12 1941** (b) **J. F. Meder**
(Date received local registrar) (Registrar's signature)

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

17
4

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..... *Ray W Wilkins*.....

Licensed Embalmer No..... *3575*.....

P. O. Address.....

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.