

No. 2
13-40
17-39
X23159

State File No.

FILED MAR 2 1942
Registration District No. 18A284

Primary Registration District No. 5176

Registrar's No. 1

1. PLACE OF DEATH: Warren
 (a) County Warren
 (b) City or town Marthasville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Emma Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 yrs
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Fred ERLACHER

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec 31 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>—</u>	<u>1</u>	hr. <u>—</u> min. <u>—</u>

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

10. Usual occupation none invalid

11. Industry or business —

12. Name Martha Erlacher

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Susan Wendell

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

16. (a) Informant Harry Mark

(b) Address Rolla MO

17. (a) burial (b) Date thereof 1/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla MO

18. (a) Signature of funeral director Miss Harry McCann

(b) Address Rolla MO

19. (a) Jan 1/42 (b) TC Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Warren
 (c) City or town Marthasville
 (If outside city or town limits, write "RURAL")
 (d) Street No. —
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1942 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from April 17, 1936, to Jan 1, 1942
that I last saw him alive on Dec 31/41
and that death occurred on the date and hour stated above.

Immediate cause of death Progressive muscular dystrophy
 Due to deformity and feeble birth
 Duration 25 yrs

Other conditions (include pregnancy within 3 months of death) —

Major findings: Of operations 156 lb
 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) (e) Means of injury —

23. Signature TC Johnson (M. D. or other) 0
Address Marthasville MO Date signed —

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

9
0
0

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.....

Max L Warfel

Licensed Embalmer No. *4170*

P. O. Address. *Salem, Mo*

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.