

S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8516

State File No. 2939

FILED APR 17 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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

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:
5200 Alcott Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 84 Years years, months or days)

3. (a) PRINT FULL NAME SOPHIA ERNE

3. (b) If veteran, name was none

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Erne.

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

7. Birth date of deceased May 4, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William Lehmkuhl

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Wolff

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophia Behrens,

(b) Address 5200 Alcott Ave.

17. (a) Burial (b) Date thereof 4/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) Date received local registrar Apr 17 1942 (b) Registrar's signature [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5200 Alcott Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from March 17, 1942 to March 30, 1942
that I last saw her alive on March 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Toxemia and Exhaustion
following Pneumonia
Lobar Pneumonia (Right)
Due to _____ 5 days
5 days

Due to Head Cold & Bronchitis 7 days

Other conditions 100
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

Duration

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 Dr. H. H. [Signature] (M. D. or other)
Address 634 No. Grand Blvd. Date signed 4/1/42

Dr. H. W. Norton

Jeff 6646 - Parker 7917

Mo Theatre Bldg. 77.27 Country Club

Dr. H. W. Norton
Jeff 6646 - Parker 7917

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Dr. H. W. Norton

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 Frank A. G. G. G.

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.