. S. No. 2
M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25817 7047

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County None

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

(c) Name of hospital or institution: 4923a Lindenwood / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community Lifetime, 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County None 17

(c) City or town St. Louis 215 (If outside city or town limits, write "RURAL")

(d) Street No. 5519 Minnesota Ave. (If rural, give location)

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

If yes, name country None 0

3. (a) PRINT FULL NAME DOROTHY JOSEPHINE ERNY

3. (b) If veteran, name war None

3. (c) Social Security No. 489-03-1525

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased December (Month) 14, (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	8	7	hr. min.

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

10. Usual occupation Shipping Clerk

11. Industry or business Bray Leather Company

FATHER
12. Name John Erny
13. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Rose Struckhoff
15. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Tillie Kiske

(b) Address 5519 Minnesota Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 6464 Chippewa Street

19. (a) AUG 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Aug 15, 1942, to Aug 1, 1942 that I last saw her alive on Aug 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia (Hemorrhage of Cortex) Acute Dilation of Heart — Duration 1 month.

Due to

Due to

Other conditions Chronic Mitral Stenosis (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 W. Sainsbury (M. D.)

Address 3258 Lafayette Date signed 8/22/42

844 (Licensed Embalmer's Statement on Reverse Side)

Calendar
3258 [illegible]

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.