

FILED OCT 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8491

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:
St. John Hos pital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 Day
(Specify whether years, months or days)

In this community..... 38 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis

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

(d) Street No..... 555 Melville Avenue
(If rural, give location)

(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country..... no

3. (a) PRINT FULL NAME..... JOSEPH WILLIAM ERBELDING

3. (b) If veteran, name war..... no 3. (c) Social Security No. 486-14-6550

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Bess e Erbelding 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... (Month) 7 (Day) 17 (Year) 1872

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>25</u>	hr. min.

9. Birthplace Negamie Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation..... Plant Dept.

11. Industry or business..... Bell Telephone Co.

12. Name..... John Erbelding

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

14. Maiden name..... Adel Nicholi

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

16. (a) Informant..... Mrs Bess Erbelding

(b) Address..... 555 Melville

17. (a) Burial (b) Date thereof..... 10/14/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address..... 6175 Delmar Blvd

19. (a) OCT 13 1942 (b) J. F. Braddock
(Data received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-12-42 year..... hour 6 minute 20 p.m.

21. I hereby certify that I attended the deceased from 9-22-42 to 10-12 1942

that I last saw h. in alive on 10-12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death..... Aortic stenosis with regurgitation with acute Cardiac De-compensation

Due to..... from Ch. Cardiac De-compensation

Due to..... [Signature]

Other conditions..... none
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... [Signature]

Of autopsy..... As above

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..... [Signature] (M. D. or other) M.D.
Address..... 634 N. Grand Date signed..... 10/13/42

Duration

many years?

[Signature]

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

DuPont Hammond
Mbl. Theatre Bldg.
2:53:30 P.M.

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

Jos. E. McCallister

Licensed Embalmer No.

2460

P. O. Address

617 S. J. Lincoln

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.