

7. S. No. 2  
OM-5-42  
Rev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38011

Registration District No. 774

Primary Registration District No. 200

Registrar's No. 2493

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
928 Nancy Carol  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 928 Nancy Carol  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Fredericka Ernst

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1942 hour 1 minute A. M.

4. Sex F / race W

5. Color or W

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

6. (b) Name of husband or wife August Ernst

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

7. Birth date of deceased Aug. 28, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 23rd 1942 to November 30, 1942 that I last saw him alive on November 29th 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 2 If less than one day hr. min.

Immediate cause of death: Myocarditis - 16 years

Due to Arterio Sclerosis - 15 years

9. Birthplace Collinsville, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Embolic of the Liver 2  
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Fred Krenzle

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

14. Maiden name Elizabeth Ambrosius

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations 124 & 1

Of autopsy

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

16. (a) Informant Irwin Ernst

(b) Address 928 Nancy Carol

17. (a) Burial (b) Date thereof 12-3-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

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?

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) DEC 2 - 1942 (b) E. H. MO Larson M.D.  
(Date received local registrar) (Registrar's signature)

(Specify type of place) While at work (e) Means of injury

23. Signature William Barron M.D. (M. D. or other)

Address 3601 S. Jefferson Date signed 12-1-42

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 - 1942

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**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..... *J. H. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

**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.**