

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **917**

FILED FEB 4 1943

318

Registration District No. Primary Registration District No. **475**

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community 25 Years
years, months or days)

3. (a) PRINT FULL NAME Sam Erwin.

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

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

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

7. Birth date of deceased. 2 6 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 27 hr. min.

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

10. Usual occupation Janitor

11. Industry or business.....

MOTHER FATHER

12. Name Green Erwin

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

14. Maiden name Annie ?

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

16. (a) Informant William Windsheimer

(b) Address 5800 Arsenal St.

17. (a) Anatomical Dept (b) Date thereof 1-8-43
(Specify, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Leo's

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutger St

19. (a) JAN 20 1943 (b) J F Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 3033 Cedar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3,
year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from September 19,
1942 to January 3, 1943;

that I last saw him alive on January 3, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Syphilitic heart disease

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 V. J. Lanier (M. D. or other)
Address 4576 Chouteau Date signed 1/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

#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.....

Licensed Embalmer No.....

P. O. Address.....

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.