S. No. 2
M—5-42
y. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4151

Registrar's No. 1029

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: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 977

(a) State Illinois (b) County St. Clair 11

(c) City or town New Athens 0 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Ralph Henry Erb

3. (b) If veteran, name war No

3. (c) Social Security No. 344-05-8990

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Aleen Erb

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Oct 15 1915
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 15 If less than one day hr. min.

9. Birthplace New Athen Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Brewery

FATHER
12. Name Mike Erb
13. Birthplace Marissa Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Hoehn
15. Birthplace New Athen Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Aleen Erb
(b) Address New Athens, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Athens, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31 year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage from Laceration of Vena Cava when the automobile in which he was riding and being

Due to: Driven by one Earl A Berthel ran into the rear tank car of a

Due to: Illinois Terminal Train being Operated by Ernest Daniel Engineer about 3000 feet east

Other conditions (Include pregnancy within 3 months of death): of the west approach of the McKinley Bridge about 2:20 Am 1-31-43

Major findings: Of operations

Of autopsy 170

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) Accident

(b) Date of occurrence 1-31-43

(c) Where did injury occur? St Louis (City or town) 000 (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 2/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4242

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.