S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15350

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1052

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

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

(c) Name of hospital or institution: 62 Arundel Pl.

(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:

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

(c) City or town Clayton

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

(d) Street No. 62 Arundel Pl.

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Ernst

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 September 20, 1850 (Month) (Day) (Year)

8. AGE: Years 92 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. E. F. Wetteroth

(b) Address 62 Arundel Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Chas. J. Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) MAY 4 - 1943 (Date received local registrar) (b) C. G. McGarron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Nov 1942 to 4/22, 1943 that I last saw her alive on 4/22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to advanced age

Other conditions Valvur heart lesion (Include pregnancy within 3 months of death)

Major findings:
Of operations Grd
Of autopsy

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)

(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 [signature] (M. D. or other)

Address 314 N Broadway Date signed 5/1/43

(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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address Shows Ms

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.