S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26025

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 1829

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution July 15, 1943. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Denny Road R.F.D. #5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin C. Erwin.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dr. Bertha H. Erwin.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 15, 1860. (Month) (Day) (Year)

8. AGE: Years 83 | Months 5 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace Jersey County, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Horse Trainer.

11. Industry or business

MOTHER FATHER

12. Name John Erwin.

13. Birthplace Jersey County, (City, town, or county) Illinois. (State or foreign country)

14. Maiden name Nancy Brown.

15. Birthplace Jersey County, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Dr. Bertha H. Erwin.

(b) Address 421 North Broadway.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-9-1943. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) AUG 8 1943 (Date received local registrar) (b) C. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th. year 1943 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from July 15th, 1943, to Aug 7th, 1943 that I last saw alive on Aug 7th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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 R. W. Jansen (M. D. or Coroner)
Address Manchester Mo. Date signed 8/8/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. W. Jansen.
Manchester
Hours 9n to 10 A.M.
Telephone Walnut 301

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 Ben Hoffman, Registered Apprentice No. 346, working under my personal supervision.

Signed Leonard W. Traeger

Licensed Embalmer No. 2678

P. O. Address St Louis Missou

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.