S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26620

SEP 3 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7633

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 173

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2715 1/2 So. 9th St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Verena Erickson

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Sylvester Erickson

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

7. Birth date of deceased (Month) (Day) 1863 (Year)

8. AGE: Years abt 80 Months — Days — If less than one day hr. min.

9. Birthplace Switzer Cand (City, town, or county) 5 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

16. (a) Informant Sylvester Erickson
(b) Address 4043 Fair View

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Park

18. (a) Signature of funeral director Wm C. Moydell
(b) Address 1926 Allen Ave.

19. (a) AUG 25 1943 (Date received local registrar) J. F. Bridich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24, year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from August 18, 1943, to August 24, 1943 that I last saw her alive on August 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY — Duration 7 DAYS

Due to ARTERIOSCLEROSIS

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature L. S. Hofsmith (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 8/25/43

(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 Not.

Registered Apprentice No.

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 19[illegible] Allen[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.