No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33060

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 8950

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: 4920 Gresham Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St Louis 910
(If outside city or town limits, write "RURAL")
(d) Street No. 4108 No Ward
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Sherman Erb

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Charles J Erb 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 7 (Month) 26 (Day) 1870 (Year)

8. AGE: Years 73 Months 2 Days 13 If less than one day hr. min.

9. Birthplace La Salle Ills 1 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

FATHER
12. Name Nicholas Sherman
13. Birthplace Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bernal Klais
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. F. Sontag
(b) Address 4920 Gresham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Henry L Heidemueller
(b) Address 6203 Gravois Ave

19. (a) OCT 19 1943 (Date received local registrar) (b) J. F. Breach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month october day 9, year 1943 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1929, to Oct. 9, 1943 that I last saw her alive on Oct. 9, 1943, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	18 mo.
Chronic cardiac valvular Disease	18 mo.
Due to	
Due to	
Other conditions Infirmities of age (Include pregnancy within 3 months of death)	18 mo.

Major findings:
Of operations no operations.
Of autopsy No 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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature Richard K. Kimmel M.D. (M.D. or other)
Address 5146 St. Louis Av. Date signed 10-9-43

(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. Albert G. Hopper

Licensed Embalmer No. 2941

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.