

No. 2
 DM-5-43
 v. 5-17-39
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DEPARTMENT OF HEALTH OF MISSOURI
 BUREAU OF THE CENSUS
FILED APR 1944
 STANDARD CERTIFICATE OF DEATH

State File No. **12047**
 Registrar's No. **805**

Registration District No. **317** Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Rural - Gravois Affton Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9458 Brenda
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 96
 (c) City or town St. Louis Affton Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 9458 Brenda
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank Martin Erb
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 1st
 year 1944 hour _____ minute 5 P. M.
 21. I hereby certify that I attended the deceased from May,
 1943, to April, 1944
 that I last saw him alive on April, 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 21st, 1881
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris 2 yrs
 Duration _____

8. AGE: Years Months Days If less than one day
62 5 10 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Die Maker

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name John Erb
 13. Birthplace Not known Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Healey
 (b) Address 9458 Brenda
 17. (a) Burial (b) Date thereof 4/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Pk
 18. (a) Signature of funeral director John S. Ziegler & Son
 (b) Address 7027 Gravois Ave
 19. (a) APR 4-1944 (b) E. S. McKeever, M.D.
(Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place)
 _____ (Specify means of injury)
 23. Signature Walter T. Kelly (M. D. or Physician)
 Address 9915 Gravois Date signed 4/3/44

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APPR
7-19-64

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..... *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

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.