V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22967

State File No.

Registration District No. 318 Primary Registration District No. 106 Registrar's No. 6457

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 76
(c) City or town St. Louis 2 NR (If outside city or town limits, write "RURAL")
(d) Street No. 9023 S. Broadway (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MYRTLE-ERICKSON
3. (b) If veteran, name war
3. (c) Social Security No. 498-26-0937
4. Sex Femal
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Raymond Erickson
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Oct 15 1922 (Month) (Day) (Year)
8. AGE: Years 21 Months 9 Days 5 If less than one day hr. min.
9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Walter Clark
13. Birthplace Rhode Island Ill (City, town, or county) (State or foreign country)
14. Maiden name Mamie Handley
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mamie Clark
(b) Address 9023 S Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Helen Imbrenovich
(b) Address 5401 S. Grand Blvd.
19. (a) JUL 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 year 44 hour 10 30 minute a M.
21. I hereby certify that I attended the deceased from 7-14 19 44 to 7-20 19 44 that I last saw her alive on 7-20 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Bronchial Pneumonia

Due to Peritonitis due perforation Duodenal Bronchial ulcer

Due to Appendicitis Acute appendicitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Post op peritonitis Acute peritonitis

Of autopsy Tubes

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 Frank J. Smith (M. D. or other)
Address 4930 Lindell Blvd Date signed

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(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 .....

Licensed Embalmer No. 1861

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.