

FILED SEP 8 1944
848

Registration District No.

Primary Registration District No.

1003

Registrar's No. 75723

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:
3326a Arsenal St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3326a Arsenal St. (If rural, give location) 916
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HARRY G. ERVIN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma May 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 27th 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Cutler Ill (City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Owner

11. Industry or business

MOTHER FATHER
12. Name Wm Ervin
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Sarah Brown
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry G. Ervin
(b) Address 3326a Arsenal

17. (a) Burial (b) Date thereof Sept 2nd 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Ill

18. (a) Signature of funeral director: Peatz Bros.
(b) Address 3629 Lafayette Ave.

19. (a) SEP 1 1944 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1944 hour 8 minute 18 A. M.

21. I hereby certify that I attended the deceased from Aug 10, 1944 to Aug 31, 1944
that I last saw him alive on Aug 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death occlusion coronary thrombosis Duration 3 wks.

Due to 94
Due to

Other conditions Ethrilletin 2 wks.
(Include pregnancy within 9 months of death) Fibrillation

Major findings: Fibrillation PHYSICIAN
Of operations
Of autopsy
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 John Steel (M. D. or other) MD
Address 2767 Grand St Date signed 8/31/44

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

DR DEPT
1967
PP 0310

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..... *Frank J. Quinn*

Licensed Embalmer No. *2245*

P. O. Address *St Louis Mo*

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.