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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32253

State File No.

FILED OCT 23 1944 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8767

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: 1837a South 7th Street
(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

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

(d) Street No. 1837a South 7th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Erasimus

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February (Month) 2nd (Day) 1873 (Year)

8. AGE: Years 71 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Peter Erasimus
13. Birthplace Hungary (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theresa Brach
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Anna Erasimus
(b) Address 1837a South 7th Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, '44 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) OCT 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1944 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from October 6 1944 to Oct. 15 1944 that I last saw him alive on Oct 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	uncertain
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

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

23. Signature Wm. C. Broadwell (M. D. or other)
Address 539 N. Grand Blvd Date signed 10-16-44

(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 Frank J. Hyland

Licensed Embalmer No. 2645

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.