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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 317

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 38761

Registrar's No. 2329

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town Granite City 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. Pontoon Beach
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Clayton Fred Erlinger

3. (b) If veteran, name war Nil

3. (c) Social Security No. 489-05-0493

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Pauline Erlinger

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 27 (Day) 1890 (Year)

8. AGE: Years 54 | Months 3 | Days 16 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Lumber Yard Worker

11. Industry or business

FATHER
12. Name Joseph Erlinger
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Anna Miller
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Pauline Erlinger
(b) Address Granite City, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 15 1944 (Date received local registrar) (b) E. G. McGauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1944 hour 9:55 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1944 to Nov. 13, 1944
that I last saw him alive on Nov. 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension, Left Hemiplegia, + chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 3d

Of autopsy

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 Anton L Mahlin D (M.D. or other)
Address 3507 Potomac Date signed 11-14-44

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1944

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. Koppe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.