

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

7676

State File No. _____
Registrar's No. 2692

FILED APR 13 1945 18
Registration District No. _____

Primary Registration District No. _____

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

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:
4300 N Union (Broderick-Bascom Rope Co)
(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 5

(d) Street No. 6037 Kingsbury
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Everette Ernst

3. (b) If veteran, name war No

3. (c) Social Security No. 488-89-5367

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1945 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Mar 1 1908
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

37 0 22 hr. _____ min.

Due to Coronary Occlusion
Coronary Sclerosis
94 a

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Welder

11. Industry or business Broderich Bascom Rope Co.

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Henry E. Ernst

13. Birthplace Madison Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Paley

15. Birthplace Mexico Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Mary Ernst

(b) Address 6037 Kingsbury

17. (a) Burial (b) Date thereof 3-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

While at work _____ (Specify type of place)

Means of injury _____

23. Signature Alfred J. Perry (M. D. or other)
Address _____ Date signed 3/24/45

18. (a) Signature of funeral director Alexander Lewis

(b) Address 6175 Delmar Blvd

19. (a) MAR 26 1945 J. F. Broderick
(Date received local registrar's report) (Registrar's signature)

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

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.