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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25613

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7416

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

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: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (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. 1182 Riverview Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carroll J. Erting

3. (b) If veteran, name war None

3. (c) Social Security No. 488-10-3243

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl R. Erting nee Raines

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

7. Birth date of deceased June 18, 1912 (Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Telephone Co.

11. Industry or business

FATHER
12. Name Oscar Erting
13. Birthplace Jennings (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Kate Gerard
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Pearl R. Erting
(b) Address 1182 Riverview Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) AUG 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23, year 1945 hour 3:05 PM minute M.

21. I hereby certify that I attended the deceased from July 27, 1945, to Aug 23, 1945 that I last saw him alive on Aug 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Adeno Carcinoma of Sigmoid

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma operated upon Aug 14th
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 D. A. Thomson (M. D. or other)
Address 3121 N Grand Date signed Aug 24

(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 Gustav W Dietrich

Licensed Embalmer No. 4329

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.