

FILED 08786 1945
Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) **Memorial**
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether
 In this community **43 Years**
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")
 (d) Street No. **4953 Winona**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **George Erwin**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **494-05-6018**
 4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Leah Erwin**
 6. (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **May 1 1876**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22nd**
 year **1945** hour **5:30** minute **A.** M.
 21. I hereby certify that I attended the deceased from **9/16/45**
 _____, 19____, to **9/22/45**, 19____;
 that I last saw h **im** alive on **9/22/45**, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 **4** **21** hr. min.
 9. Birthplace **Jerseyville Ill** **Illinois**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Steam Engineer**
 11. Industry or business **Construction**
 12. Name **Louis C Erwin**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Jane Norris**
 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 16. (a) Informant **Leah Erwin**
 (b) Address **4953 A Winona**
 17. (a) **Motor** (b) Date thereof **9 / 24 / 45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **De Soto, Mo.**
 18. (a) Signature of funeral director **Lee Mothershead**
 (b) Address **De Soto, Mo**
 19. (a) **SEP 24 1945** (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Chronic Lymphatic Leukemia**
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy **Same**
 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 **Herbert C. Fritz** (M. D. or other) _____
 Address **1515 Lafayette** Date signed **9/22/45**

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

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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.....

L. R. Cooper

Licensed Embalmer No. *9633*

P. O. Address *2317 Lafayette St*

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.