S. No. 2
M—2-43
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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

270

State File No. ____

FILED FEB 7 1946

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 1028

**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: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community ?

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 510

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

(d) Street No. 5181 Vernon Ave. 9
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME George E. Erhardt

3. (b) If veteran, name war No

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katie Erhardt

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

7. Birth date of deceased September 18, 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Unemployed

11. Industry or business ____

MOTHER FATHER

12. Name Ellis Erhardt

13. Birthplace ____ France (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Vahlkamp

15. Birthplace ____ Germany (City, town, or county) (State or foreign country)

16. (a) Informant Clarence E. Erhardt

(b) Address 5181 Vernon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1946. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 30 1946 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 28th year 1946 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 12-26 1945 to Jan 28 1946 that I last saw him alive on Jan 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver — Duration 2 mo

Due to ____

Due to ____

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

Major findings: Of operations Exploratory

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 Leo A. Mellis (M. D. or other)

Address 2739 N. Grand Date signed 1-29-46

(Licensed Embalmer's Statement on Reverse Side)

2737 N. Broadway
Reg. 3826 12-2

## 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 John Mlinzar

Licensed Embalmer No. 4186

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.**