

S. No. 2
FORM-5-43
Rev. 5-17-39
I X3667

18366

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 16 1946
318

Primary Registration District No. 1003

Registrar's No. 4028

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4910 St. Louis Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4910 St. Louis Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Erney

3. (b) If veteran, name war _____

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 _____

6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased Feb. 1st. 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 0
If less than one day hr. min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Anton Erney

12. Name Unknown

13. Birthplace Catherine Sheehan
(City, town, or county) (State or foreign country)

14. Maiden name Ireland

15. Birthplace Mrs. Margaret Puetz
(City, town, or county) (State or foreign country)

16. (a) Informant 4910 St. Louis Ave.

(b) Address Burial (b) Date thereof 5/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Sullivan Funeral Dir

(b) Address 2849 North Euclid Ave.

19. (a) MAY 3 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st.
year 1946 hour 11.25 minute A. M.

21. I hereby certify that I attended the deceased from April 1, 1946 to May 1, 1946
that I last saw him alive on May 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs

Due to Diabetes Mellitus

Due to _____

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Dr. Martin R. Brackner M.D. or other _____
Address 830 N. Kingshighway Date signed 5/3/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. Martin Brockmeier
830 North Kingshighway
F.O. 3933

Will sign here

FRN 9

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.....

Robert L. Brunkman
3553
St Louis mo

Licensed Embalmer No.

P. O. Address.....

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.