

Registration District No. **367**

Primary Registration District No. **6076**

**1. PLACE OF DEATH:**

(a) County **ST. LOUIS**

(b) City or town **ST. JOHNS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**8920 Bristol ave 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**2 mo** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **St. Louis 96**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Vegas Mo**  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** **JOHN ERBE**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **M** 5. Color or race **W**

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

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

7. Birth date of deceased **Nov 25 1878**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Oct** day **28**  
year **1946** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **May 1**, 1946, to **Oct 28**, 1946  
that I last saw him alive on **Oct 21**, 1946  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>67</b>	<b>11</b>	<b>35</b>	hr. min.

Immediate cause of death:  
**Chr. myocarditis**  
**± marked decompensation**

Due to **93d**

Due to **Senil arteriosclerosis**

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

9. Birthplace **Pattouille** **no. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

**PHYSICIAN**

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

**MOTHER, FATHER**

11. Industry or business **self**

12. Name **Louis Erbe** **4**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Stephen**

15. Birthplace **Hermann** **no. 0**  
(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 Sosejohm**

(b) Address **8920 - Bristol ave**

17. (a) **Burial** (b) Date thereof **10/30/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gion Lutheran Chur**

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature **Ch. Denny** **no** (M. D. or other)  
Address **Osage Co. Mo** Date signed **10-28-46**

18. (a) Signature of funeral director **Baumann Bros Inc**

(b) Address **2504 Woodson Rd, Overland Mo**

19. (a) **10-29-46** (b) **Ch. Denny M.D.**  
(Date received local registrar) (Registrar's signature)

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

33300

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.