V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 386683

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9896

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2013 A. MADISON STR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~LIFE~~ (Specify whether
In this community 45 YRS.
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. 2013 A. MADISON STR.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH C. HARBURGER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WALTER R. HARBURGER
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased OCT (Month) 14TH (Day) 1875 (Year)
8. AGE: Years 71 Months 1. Days 4. If less than one day hr. min.
9. Birthplace EVANSVILLE (City, town, or county) IND. (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
MOTHER FATHER
12. Name JOHN C. ERTHAL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH BERNHARDT
15. Birthplace LANCASTER (City, town, or county) PENN. (State or foreign country)
16. (a) Informant Walter R. Harburger
(b) Address 2013 A Madison St
17. (a) ENTOMBMENT (Burial, cremation, or removal) (b) Date thereof NOV. 21ST/46 (Month) (Day) (Year)
(c) Place: burial or cremation WALHALLA MAUS.
18. (a) Signature of funeral director Brockland and Co
(b) Address 1827 Hogan St.
19. (a) NOV 20 1946 (Date received by Registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month NOV. day 18TH year 1946. hour 12 minute P. M.
21. I hereby certify that I attended the deceased from JULY 1946, to NOV 18 1946; that I last saw h. alive on NOV. 18 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic heart disease — years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Cancer of heart — 3 mo.
heart
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature L. A. Franklin (M. D. or other)
Address 634 N. Grand Date signed 11/19/46

(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.....

Licensed Embalmer No. 4053

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.