

Registration District No. **318** Primary Registration District No. **1003**

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:
ST. LUKES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community **26 YRS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST LOUIS**
 (c) City or town **WEBSTER GROVES**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **255 BLACKMER PL.**
 (If rural, give location)
 (e) Citizen of foreign country? **—** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES EDWIN ERVIN**

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 **MARRIED**

6. (b) Name of husband or wife **LUCY IVIE ERVIN** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **JULY 26 - 1880**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	4	20	— hr. — min.

9. Birthplace **TURNER KANSAS!**
 (City, town, or county) (State or foreign country)

10. Usual occupation **CHIEF OPERATING OFFICER & REGR**

11. Industry or business **M. & O. RAILROAD, RETIRED.**

12. Name **WILLIAM WALLACE ERVIN**

13. Birthplace **UNKNOWN CANADA?**
 (City, town, or county) (State or foreign country)

14. Maiden name **SUSAN MILDRED MARTIN**

15. Birthplace **UNKNOWN KENTUCKY**
 (City, town, or county) (State or foreign country)

16. (a) Informant **LUCY IVIE ERVIN**

(b) Address **255 BLACKMER PL.**

17. (a) **BURIAL** (b) Date thereof **DEC 78 - 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK HILL CEMETERY**

18. (a) Signature of funeral director **Webster Groves**

(b) Address **WEBSTER GROVES, MO.**

19. (a) **DEC 17 1946** (b) **J. F. Predeck**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16th**
 year **1946** hour **12** minute **10** A.M.

21. I hereby certify that I attended the deceased from **April**, 1946 to **16 Dec**, 1946
 that I last saw him alive on **15 Dec**, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic carcinoma of liver** Duration **6 mos.**
 Due to **Primary Carcinoma of Stomach** **18 mos**

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

Major findings: **Multiple metastatic nodules in liver + about common duct**
 Of operations.....
 Of autopsy **none**

22. If death was due to external causes, fill in the following:
 (c) 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) (c) Means of injury.....

23. Signature **Archie Kenamore** (M. D. or other) **M.D.**
 Address **3720 Washington St. Louis** Date signed **16 Dec 46**

WHITE PAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Holister Groves*

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.