S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6237

Registrar's No. 2320

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")

(d) Street No. 3139 Gurney Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARTHUR J. ERDMANN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Late Martha

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

7. Birth date of deceased Jan. (Month) 22 (Day) 1876 (Year)

8. AGE: Years 71 Months 1 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Concessionier

11. Industry or business Forest Park Highlands

FATHER
12. Name Louis C. Erdman
13. Birthplace (City, town, or county) Germany 7 (State or foreign country)

MOTHER
14. Maiden name Marie Gutzmann
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Lillie Versen
(b) Address 5301 Winona Ave.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 3 (Month) 8 (Day) 47 (Year)
(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1947 hour 6:12 minute P.M.

21. I hereby certify that I attended the deceased from 2-8-47, 19, to 3-5-47, 19; that I last saw him alive on 3-5-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Cerebral hemorrhage
Due to (Left hemiplegia (month
Due to
Other conditions
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature O. C. [signature] (M.D. or other)
Address 4523 S. Kingshighway Date signed 3/6/47

(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.....Richard W. Stoveand

Licensed Embalmer No.....4007.....

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.