

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10733
3109
Registrar's No.

Registration District No. 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:
1801 Elliott Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Ervin J. Denckhoff

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..... Edna Denckhoff 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 14 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 03 9 hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Eilers & Schaumberg

12. Name Carl Denckhoff

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

14. Maiden name Anna Pfeiffer

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

16. (a) Informant Mrs Edna Denckhoff

(b) Address 1801 Elliott Ave

17. (a) Burial (b) Date thereof Mar 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F Feitz

(b) Address 4828 Nat Bridge Blvd

19. (a) MAR 24 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1801 Elliott Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 14 1947 to March 23 1947
that I last saw him alive on March 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Other conditions 1/21
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

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

23. Signature Joseph E. Carney (M. D. or other) MD
Address 9016 Blue St Date signed 3-24-47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

June 20 1944
8-2 PM

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..... Ralph E. Linders

Licensed Embalmer No. 4275

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.