No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 23 1947
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 29717

Registrar's No. 1804

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. 96
(c) City or town Richmond Heights 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1018a Commodore 3 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Alice Ernst
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dr. William Ernst
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 19 (Day) 1877 (Year)

8. AGE: Years 70 Months Days If less than one day hr. min.
About ~~72~~

9. Birthplace Farm in Kansas (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Unknown Haney 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Minerva Phillips
(b) Address 1018a Commodore Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 23/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd
19. (a) 8-22-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1947 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from August 19 1947 to August 21 1947 that I last saw her alive on August 21 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia Rt. upper + middle lobes due to pneumococcus.	
Due to	
Due to	
Other conditions Heat stroke (Include pregnancy within 3 months of death)	2 dys.

Major findings:
Of operations
Of autopsy As Above

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000
(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 Robert H. Kull (M. D. ~~or other~~)
Address 601 Brentwood Blvd Date signed 8-21-47

Jefferson City Printing Co.

(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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood Me

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.