

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40421

State File No. _____

FILED DEC 8 1947

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2507

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3455 Wisconsin Ave. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Erlor

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased January 6, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>10</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business Herman Petzold

12. Name _____

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

14. Maiden name Ernestine Werner

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

16. (a) Informant Alma Aurin

(b) Address #17 Girard Dr. Webster Graves, Mo.

17. (a) Burial, cremation, or removed Burial

(b) Date thereof 12/4/47
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wm. J. G. ...

(b) Address 2630 Gravois Ave.

19. (a) 12-4-47 (Date received local registrar)

(b) Carroll ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1947 hour 6,10 minute 4 M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947 to Dec. 2, 1947

that I last saw her alive on Nov. 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death concomitant of sigmoid cancerous metastases to liver

Due to _____

Due to 462

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature C. J. ... (M. D. or other) no

Address 2215 Big Bend Date signed 12/4/47

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

MOYER FATHER

DEC 9 1947

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Emory's Ave

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.