S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2477

FILED JAN 22 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 456

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: 3866 McRee Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3866 McRee Avenue
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Mr. Reinhard Ersig

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 Elizabeth Dietzel

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 8, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	7	6	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Steam Electric Corporation

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

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

16. (a) Informant Mrs. Helmbacher
(b) Address 3866 McRee Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue

19. (a) JAN 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th year 1948 hour 9: minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1947, to Jan 14 1948 that I last saw him alive on January 14 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Co. cardiac failure	hours
Due to Chronic myocarditis	1 yr +
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature (M. D. or other)
Address 2632 S. Kingshighway Date signed 1-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Bert Klein
2632 South Kingshighway
1-4 Mon, Tues, Thurs, Fri.
6-8 Mon. & Thurs.

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 Glen W. Hall

Licensed Embalmer No. U 3737

P. O. Address 1936 St. Louis Co

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.