

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: **Deaconess** **0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 Dys**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
 (c) City or town..... **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3460 Oak Hill** **9**
 (If rural, give location) **0**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Hazel Ervin**

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 **Married**
 6. (b) Name of husband or wife..... **Kenneth Ervin** 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **Dec. 20 1889**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 22 ..hr.min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Wm. C. Clarkson** **Ohio 1**
 13. Birthplace..... (City, town, or county) (State or foreign country)
 14. Maiden name **Hattie Craft**
 15. Birthplace..... **St. Louis Mo 0**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Kenneth Ervin**
 (b) Address..... **3460 Oak Hill**

17. (a) **Burial** (b) Date thereof **June 15, 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill C. Hoffmeister Colonia 1 Mortuary**

18. (a) Signature of funeral director.....
 (b) Address..... **6464 Chippewa St.**

19. (a) **JUN 14 1948** (b) **J. F. Broderick**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **12**
 year **1948** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **5-12** 19**48** to **6-12** 19**48**
 that I last saw **x** alive on **6-11** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Valvular heart disease several years**

Due to.....
 Due to.....
 Other conditions..... (Include pregnancy within 3 months of death) **92 a**

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?..... (Specify type of work)
 23. Signature..... **Bet N Klein** (M. D. or other) **1948**
 Address..... **2632 S. Kingshighway** Date signed **6-12-48**

WRITE PLAINLY—USING UNFADING BLACK INK

MOTHER FATHER

Dr B Klein--La 7475

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.