

No. 300
M-10-47
v. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. **316**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **27673**
Registrar's No. **7189**

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

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St. Louis
(c) City or town Webster Groves 19,
(If outside city or town limits, write "RURAL")
(d) Street No. 532 Clark Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME ALICE S. ERVIN (Ervin)
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex f / race W
5. Color or _____
6. (a) Single, widowed, married, divorced separated
6. (b) Name of husband or wife Charles Ervin
6. (c) Age of husband or wife if alive? _____ years
7. Birth date of deceased Aug. 28 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 17 hr. min.

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

10. Usual occupation Seamstress retired 30 years

11. Industry or business _____

MOTHER FATHER
{ 12. Name Miles Brown Penn
{ 13. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)
{ 14. Maiden name Mary Fishel
{ 15. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Brown
(b) Address 532 Clark Ave., Webster Groves, Mo.

17. (a) Cremation (b) Date thereof 8-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Mittelberg Funeral Home
(b) Address Webster Groves, Mo.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 15
year 1948 hour 7 minute 50 A.M.
21. I hereby certify that I attended the deceased from
June 16 1948 to August 15 1948;
that I last saw her alive on Saturday, August 14 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Arteriosclerotic Heart Disease General debility
Due to Generalized arteriosclerotic changes, senility
Other conditions Rheumatoid arthritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Arteriosclerotic vessels of heart
Duodenitis, Megacolon, Old healed pyloric ulcer

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 David Nafe Kerre (M. D. or other) MD
Address 4500 Olive St. Date signed 8/16/48

(11122) 3.

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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 Henry M. Kramer

Licensed Embalmer No. 4200

P. O. Address. St. Louis

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.