

STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1948

Registration District No. **318**Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
 (b) City or town **ST. LOUIS**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **CITY HOSPITAL - 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME **MINNIE J. ERMER**

3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **FE.**
 5. Color or race **W.**
 6. (a) Single, widowed, married, divorced **W. 9**
 6. (b) Name of husband or wife **HENRY ERMER**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **SEPT. 8 1870**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **16**
 If less than one day hr. _____ min. _____

9. Birthplace **ST. LOUIS MO.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business _____

12. Name **FRIEDERICK BECK.**13. Birthplace **GERMANY**14. Maiden name **AUGUSTA UNKNOWN**15. Birthplace **GERMANY**16. (a) Informant **Mrs. Frances Srantamam**16. (b) Address **1411 Dolman St**17. (a) **BURIAL** (b) Date thereof **AUG 27-48**17. (c) Place: burial or cremation **ST. John Cemetery**18. (a) Signature of funeral director **E. J. Schum**18. (b) Address **AUG 25 Lafayette Ave**19. (a) (Date received local registrar) **SEP 25 1948**19. (b) (Registrar's signature) **J. Braddock**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **MOO**
 (c) City or town **ST. LOUIS**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1411 DOLMAN ST.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **24**
 year **1948** hour **2** minute **40 P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Fracture of right hip****arterio-sclerotic suppurative****in fall in bath room****at her home July 13****Due to 1948 about 5:00 AM**

Other conditions _____

(Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Physician _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**(b) Date of occurrence **July 13 1948**(c) Where did injury occur **St. Louis Mo**(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

(Specify type of place) _____

(Specify type of place) _____

(Specify type of place) _____

(Specify type of place) _____

(Specify type of place) _____

(Specify type of place) _____

(Specify type of place) _____

(Specify type of place) _____

(Specify type of place) _____

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.....

John B. Hallman

Licensed Embalmer No. *4514*

P. O. Address *312 J. S. Sexton*

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.