

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34106

FILED OCT 18 1948 818

Primary Registration District No. 1003

Registrar's No. 8732

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Barnes Hospital,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State New Jersey (b) County 999
 (c) City or town Newark (If outside city or town limits, write "RURAL") 28
 (d) Street No. 139 E. Parkway (If rural, give location) 3
W.R.
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry Erlbaum

3. (b) If veteran, name war W.W. #II 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 26 1917
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 4 10 hr. min.

9. Birthplace Newark, New Jersey
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

14. Maiden name Unknown

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

16. (a) Informant Veterans Administration

(b) Address 415 Pine Street St. Louis, Mo.

17. (a) Removal by rail (b) Date thereof 10/8/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark, New Jersey

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 South Broadway St. Louis, Mo.

19. (a) OCT 7 1948 J. B. Rosales
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
 year 1948 hour 4 minute 05 A. M.

21. I hereby certify that I attended the deceased from September 29
1948, to October 6, 1948
 that I last saw h. im alive on October 6, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral edema
 Duration _____

Due to Secondary to Craniotomy for excision of cortical scar caused by

Due to bullet wound incurred in military service in 1945.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 85

Of autopsy None performed.

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) _____

(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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature C. E. Vermillion (M. D. certificate)
 Address Barnes Hospital Date signed _____

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

MOTHER FATHER

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 *Lewis E. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address. *7814 S. D. Road*

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.