

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35110

State File No. 8869

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>8869</u>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY <u>Denver</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver Colorado</u>			5-	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lennox Hotel</u>				d. STREET ADDRESS (If rural, give location) <u>22 K. 1050 Sherman Ave.</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harry</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Erwin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 1, 1890</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dept. Service Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Legion</u>		11. BIRTHPLACE (State or foreign country) <u>North English, Iowa</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Lester Erwin</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Unk. Buttle</u>		14. NAME OF HUSBAND OR WIFE <u>Unk.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u> <u>W. W. #1</u>		16. SOCIAL SECURITY NO. <u>Unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.L. Erwin 1050 Sherman</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES				
DUE TO (b) <u>Bronchial Asthma</u>				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>112</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>241X</u>				
22. I hereby certify that I attended the deceased from <u>19</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:53 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Joseph M. Quinn Deputy</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>10/15/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unk.</u>		24d. LOCATION (City, town, or county) (State) <u>Denver, Colorado</u>			
DATE REC'D BY LOCAL REG. <u>OCT 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton 7233 Delmar</u>			

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

NOV 8 1948

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas. T. Padwell

Licensed Embalmer No. 4077

P. O. Address _____

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.