No. 300
10.48

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

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6173 ~~1389~~

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 57 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 5139
d. STREET ADDRESS (If rural, give location): 13 5006 Arsenal Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): F.
c. (Last): Ernst

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1950

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M. 1
8. DATE OF BIRTH: Oct. 21, 1885
9. AGE (In years last birthday): 64 — If under 1 year: Months 3, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: A. J. Donnelly Undt. Co.
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William F. Ernst
13b. MOTHER'S MAIDEN NAME: Unk. Pfleiffle
14. NAME OF HUSBAND OR WIFE: Mrs. Carrie Ernst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Carrie Ernst, 5006 Arsenal St.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritoneal hemorrhage; Ruptured Liver, suffered about 828 am Feby 10 1950 when auto driven by deceased went out of control and struck parked car in front of about 1027 So 18 and Lester

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident only
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo 8194
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 10 50 828 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 32

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 828 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Chas. Perry Deputy Coroner (Degree or title)
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 2/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Feb. 13, 1950
24c. NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG. FEB 12 1950
REGISTRAR'S SIGNATURE: J. B. Lester
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd.
(Licensed Embalmer's Statement on Reverse Side)

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4341 Lafayette

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

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