

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18150**

BIRTH NO.

REG. DIST. NO.

**318**

PRIMARY REG. DIST. NO.

**1003**Registrar's No. **1285**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>23</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2239</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>1835 Dollman</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b>		b. (Middle)	c. (Last) <b>Erlenbusch</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-1-1886</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hwk</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>County Kerry Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Marion Erlenbusch</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marion Erlenbusch 1835 Dollman</b>			
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) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 ds.</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Hypertensive Cardio Vascular Disease</b>		<b>3 yrs.x</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c)		
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) <b>St. Louis Mo. Ill</b>			
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?			
22. I hereby certify that I attended the deceased from <b>Jan. 1, 1950</b> , to <b>May 15, 1950</b> , that I last saw the deceased alive on <b>May 15, 1950</b> , and that death occurred at <b>7:50 a.m.</b> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. Lawrence Brown, M.D.</b>			23b. ADDRESS <b>5400 Arsenal</b>		23c. DATE SIGNED <b>5/15/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-18-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 16 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Farator</b>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Myrdell Funeral Home 1936 Allan</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

*me*

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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Dale A. Stammann

Signed.....

Student Embalmer:

Licensed Embalmer No. 4533

P. O. Address. 1926 All

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

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