

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10057
2384

318

1002

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John's	4201
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 8669 Hagner Avenue.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ERNEST	b. (Middle) A	c. (Last) ERKENS	Date (Month) (Day) (Year)	March 12, 1951	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 12, 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
-------------	------------------------	--	-------------------------------	------------------------------------	------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cemetery Supt.		10b. KIND OF BUSINESS OR INDUSTRY Retired Aug 1950	11. BIRTHPLACE (State or foreign country) Solingen Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	---	--	--

13a. FATHER'S NAME Frederick Erkens	13b. MOTHER'S MAIDEN NAME Rosellia Rice	14. NAME OF HUSBAND OR WIFE Pearl Erkens
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Erkens	ADDRESS 8669 Hagner Avenue.
--	---------------------------------	--	--------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3-12-51 3-12-51
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchial Pneumonia 2-28-to			
ANTECEDENT CAUSES	Cerebral Apoplexy Rt. (3) Yrs.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Left Hemiplegia Complete (3) Yrs.			
DUE TO (b)				
DUE TO (c)	Senile type. 352x			
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 Cardiac congestion.	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)
--	--	---

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? 3-12-51
--	--	---------------------------------------

22. I hereby certify that I attended the deceased from 1-27-th, 1951, to 3-12-51, 1951, that I last saw the deceased alive on 3-12-51, 1951, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Lanster	23b. ADDRESS 3734- Jennings Road.	23c. DATE SIGNED
---	--------------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. MAR 13 1951	REGISTRAR'S SIGNATURE J. B. Lanster	25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Avenue.	ADDRESS
---	--	---	---------

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

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edmond H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.