

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18821

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2205

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	
c. LENGTH OF STAY (In this place) <u>16 days</u>		d. STREET ADDRESS (If rural, give location) <u>9003 Windom</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna M</u> b. (Middle) <u>Ernst</u> c. (Last) <u>Ernst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 1 1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Practical</u>	11. BIRTHPLACE (State or foreign country) <u>Indianapolis Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Weber</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Adolph G Ernst</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Mueller</u> ADDRESS <u>9003 Windom</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>See yes.</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-30, 1951, to 5-16, 1951, that I last saw the deceased alive on 5-16, 1951, and that death occurred at 9³⁰A m., from the causes and on the date stated above.

23a. SIGNATURE <u>James W Hurley</u> (Degree or title)	23b. ADDRESS <u>601 S. Brentwood Clayton</u>	23c. DATE SIGNED <u>5-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 18 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-16-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Romke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F Home</u> ADDRESS <u>9222 Lackland Overland Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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DEC 21 1931

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Al C. Ortman

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

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.