

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **22104**

No. 300  
10-48

**FILED JUL 16 1951**

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

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>739</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Buchanan</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>	
c. LENGTH OF STAY (in this place) <b>54 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>2818 Duncan Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At his desk at Wyeth Hardware 2nd &amp; Jules Streets</b>				d. STREET ADDRESS (If rural, give location) <b>2818 Duncan Street</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)				
a. (First) <b>Milton</b>	b. (Middle) <b>Garfield</b>	c. (Last) <b>Erfmeyer</b>	Month <b>July</b>	Day <b>11</b>	Year <b>1951</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 24, 1881</b>		<b>9. AGE</b> (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Sec. and buyer Dep't head.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Saddlery &amp; hardware</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Newton, Kansas.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Charles F. Erfmeyer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Hoffsommer</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna Erfmeyer</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>491-09-3341</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Anna Erfmeyer</b>			
				<b>ADDRESS</b> <b>St. Joseph, Mo.</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Coronary Thrombosis</b>				<b>Instant</b>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>					
		DUE TO (c) _____					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mell.</b>					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4201</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Sept</u> 19<u>46</u>, to <u>July</u>, 19<u>51</u>, that I last saw the deceased alive on <u>July 6</u>, 19<u>51</u>, and that death occurred at <u>8:00A</u> m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <b>Harold J. Brunner, M.D.</b>				<b>23b. ADDRESS</b> <b>St. Joseph, Mo.</b>		<b>23c. DATE SIGNED</b> <b>7-13-51</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>July 14, 1951</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>July 14, 1951</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl C. Casper</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Walter H. Newkoffer, Jr.</b>		<b>ADDRESS</b> <b>Mo. St. Joseph,</b>	

(Licensed Embalmer's Statement on Reverse Side)

*W. B. ...*

**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 <sup>by</sup>\*\*\*\*\*

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Student Embalmer No. \*\*\* \*\*

working under my personal supervision.

Student .....  
\*\*\*\*\*  
Student Embalmer

Signed *Walter C. ...*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.