S. No. 300
v. 10.48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11341

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 593

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10695 Bellefon Tavie Rd
c. LENGTH OF STAY (in this place): 2 yrs. 7 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Tr. School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 7537 Ellis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD 4554
d. STREET ADDRESS (If rural, give location): 7537 Ellis

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

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 15, 1940
9. AGE (In years last birthday): 11 — If under 1 year: Months 3, Days 15 — If under 24 hrs.: Hours 10, Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Clarence Joseph Ernst
13b. MOTHER'S MAIDEN NAME: Wilhelmina Shane
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Records of St. Louis Tr. School — ADDRESS: 10695 Bellefon Tavie

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): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Feb. 29 - Mar. 3 52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Spastic paraplegia — 11 years.
DUE TO (c): Mental Deficiency - Epilepsy — 11 years.

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: — 490X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 29, 1952, *to* Mar. 3, 1952, *that I last saw the deceased alive on* Mar. 3, 1952, *and that death occurred at* 10 35 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dorothy M. Ellersieck M.D.
23b. ADDRESS: 10695 Bellefon Tavie Rd.
23c. DATE SIGNED: 3-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-6-52
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION-CEM
24d. LOCATION (City, town, or county): ST. LOUIS COUNTY (State): Mo

DATE REC'D BY LOCAL REG.: 3-4-52
REGISTRAR'S SIGNATURE: Herbert R. Drake MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: JAY B. SMITH 7456 MANCHESTER-MAPLEWOOD

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

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.