

STANDARD CERTIFICATE OF DEATH

FILE NO. # 2274952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 607C Registrar's No. 348

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE MISSOURI ST. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2039

d. FULL NAME OF HOSPITAL OR INSTITUTION VETS. ADMIN, HOSP.

d. STREET ADDRESS (If rural, give location) 7126-A ARSENAL STREET 1

3. NAME OF DECEASED (Type or Print) a. (First) ROLAND b. (Middle) C c. (Last) ERTL

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 8- 1952

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH 5-12-91

9. AGE (In years last birthday) 60 Yr. IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FELIX ERTL

13b. MOTHER'S MAIDEN NAME ABA GLARE

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO.

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.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS
ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
420.0

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 1-30-52 to 2-8-52, 1952, and that death occurred at 12-15 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD

23b. ADDRESS VAH JEFF. BRKS, MO.

23c. DATE SIGNED 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2-11-52

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.

24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REG. 2-9-52 REGISTRAR'S SIGNATURE Herbert R Danke MD.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ORTMANN F. Home Overland Mo

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Al C Osterman

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.