

STANDARD CERTIFICATE OF DEATH

State File No. 26730

FILED AUG 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2007

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis 4  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MO. b. COUNTY ST. LOUIS |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND, MO 26                              |  |
| c. LENGTH OF STAY (in this place) 4 years   |  | d. STREET ADDRESS (If rural, give location) 9205 WABADAY 1  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pinecrest Homes                                 |  |   |  |

|                                     |                 |             |                    |  |
|-------------------------------------|-----------------|-------------|--------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Otto | b. (Middle) | c. (Last) Erickson | 4. DATE OF DEATH (Month) (Day) (Year) July 26 1952 |
|-------------------------------------|-----------------|-------------|--------------------|--|

|             |                        |   |                               |                                    |  |
|-------------|------------------------|---|-------------------------------|------------------------------------|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | 8. DATE OF BIRTH FEB. 13 1876 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
|-------------|------------------------|---|-------------------------------|------------------------------------|--|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDING CONTRACTOR | 10b. KIND OF BUSINESS OR INDUSTRY SELF | 11. BIRTHPLACE (State or foreign country) BLOOMINGTON IL | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|--|----------------------------------|

|                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| 13a. FATHER'S NAME UNKNOWN ERICKSON | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE IDA ERICKSON |
|-------------------------------------|-----------------------------------|--|

|  |                              |   |
|--|------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS ROY ERICKSON - 9205 WABADAY |
|--|------------------------------|---|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) Chronic Myocarditis   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arterio-Sclerosis<br>DUE TO (c) 4221 |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from 4:15, 1949, to July 26, 1952, that I last saw the deceased alive on July 24, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

|                             |                        |   |                          |
|-----------------------------|------------------------|---|--------------------------|
| 23a. SIGNATURE R. W. Jansen | (Degree or title) M.D. | 23b. ADDRESS 1104 Mission Av. Larkwood Mo | 23c. DATE SIGNED 7-27-52 |
|-----------------------------|------------------------|---|--------------------------|

|  |                   |   |   |
|--|-------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 7/30/52 | 24c. NAME OF CEMETERY OR CREMATORY JEE JEE CEM. | 24d. LOCATION (City, town, or county) (State) PATTONVILLE MO. |
|--|-------------------|---|---|

|                                  |  |   |
|----------------------------------|--|---|
| DATE REC'D BY LOCAL REG. 7-28-52 | REGISTRAR'S SIGNATURE Herbert J. Donahue | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. D. Baumann 300 So. Overland Mo. |
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.