No. 300
10.48

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

29414

FILED SEP 3- 1952

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7813

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo. 0
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital 17

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 2179
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 2501a Minnesota

**3. NAME OF DECEASED** (Type or Print): a. (First) Emil b. (Middle) W c. (Last) Erdmann

**4. DATE OF DEATH** (Month) Aug (Day) 14 (Year) 52

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widower 2
**8. DATE OF BIRTH**: July 20 1872
**9. AGE** (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Clerk City Water Dept.
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): St. Louis 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Louis Erdmann
**13b. MOTHER'S MAIDEN NAME**: Marie Gutzman
**14. NAME OF HUSBAND OR WIFE**: Mary (decaesed)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: ?
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Clarence Dippel 4327a Gertrude

**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) Fr right hip; arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — when he fell on street about

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) 3021 Chippewa Str. on

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Dec 31, 1951 about 508pm

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Accident
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Louis Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Dec 31 51 5 08 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: ACC E9035

22. *I hereby certify that I attended the deceased from _____, 19 P, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 450 P m., from the causes and on the date stated above.* 45

**23a. SIGNATURE** (Degree or title): Patrick E Taylor Coroner 3
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 8 16 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: Aug. 18 52
**24c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus
**24d. LOCATION** (City, town, or county) (State): St. Lousi Mo

**DATE REC'D BY LOCAL REG.**: AUG 18 1952
**REGISTRAR'S SIGNATURE**: J Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Schumacher Fun Home 3013 Meramec

(Licensed Embalmer's Statement on Reverse Side)

1117
8-16-52
3 P.M.

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis V

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.