

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40422

State File No.

FILED NOV 27 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10889**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Charles 1923	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Charles	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		e. STREET ADDRESS (If rural, give location) 3420 St. Charles Rock Road	

3. NAME OF DECEASED (Type or Print) a. (First) Elfreda b. (Middle) Ervin c. (Last) Ervin			4. DATE OF DEATH (Month) (Day) (Year) 11, 14, 1953		
5. SEX F 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17, 1924	9. AGE (In years last birthday) 29	10. UNDER 1 YEAR Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Shannon, Mississippi		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME George Nichols	13b. MOTHER'S MAIDEN NAME Arah Miller	14. NAME OF HUSBAND OR WIFE Emanuel Ervin
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 Emanuel Ervin, 8420 St. Charles Rock Road

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Presbyral Sepsis		INTERVAL BETWEEN ONSET AND DEATH 8 days 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pyoneuria		
	DUE TO (c) Caseous Section		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			9 days

19a. DATE OF OPERATION 11-5-53	19b. MAJOR FINDINGS OF OPERATION Extensive urinary infection and large pelvic varicosities		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 681X	

22. I hereby certify that I attended the deceased from **11-14-53 to 11-14-53**, that I last saw the deceased alive on **11-14-53**, and that death occurred at **334 m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 1004 So. Cowley	23c. DATE SIGNED 11-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov 18 1953	24c. NAME OF CEMETERY OR CREMATORY St. Peters
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS E. B. Koonee Mortuary, 1221 N. Grand	

DATE REC'D BY LOCAL REG. **NOV 16 1953**

REGISTRAR'S SIGNATURE **[Signature]**

(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.....
Signature of Student Embalmer

Signed..... *Gayton Swan*

Licensed Embalmer No. 4580

P. O. Address 1221st St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.