No. 300
10-48

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44310

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2969

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KOCH
c. LENGTH OF STAY (In this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robt Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: [redacted]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2199 1
d. STREET ADDRESS (If rural, give location): 4053 Olive - Grand Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): JACOB
c. (Last): ERISMAN

4. DATE OF DEATH (Month) (Day) (Year): 12 24 54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 5-28-78
9. AGE (In years last birthday): 76 — 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): COAL MINER
10b. KIND OF BUSINESS OR INDUSTRY: MINING
11. BIRTHPLACE (City and State or Foreign Country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: JACOB ERISMAN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Robt. Koch. Hosp. Records.

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): PULMONARY TUBERCULOSIS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: NO
19b. MAJOR FINDINGS OF OPERATION: —
002X
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* 12/17/54, 19__, *to* 12/24, 1954, *that I last saw the deceased alive on* 12/23, 1954, *and that death occurred at* 2 29 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Martin G. Austen M.D.
23b. ADDRESS: Robt. Koch. Hospital
23c. DATE SIGNED: 12/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-26-1954
24c. NAME OF CEMETERY OR CREMATORY: Falmouth Cemetery
24d. LOCATION (City, town, or county) (State): Falmouth, Kentucky

DATE REC'D BY LOCAL REG.: 12-24-54
REGISTRAR'S SIGNATURE: Hubert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Mo.

(Licensed Embalmer's Statement on Reverse Side)

52W

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.