

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20550

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1389

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>7 Hrs.</u>	c. CITY OR TOWN <u>St. Ann</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>10835 Kingbee</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>V.</u>	c. (Last) <u>Erman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>19</u> <u>55</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 25, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11a. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry A. Menzel</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget A. Cavanaugh</u>	14. NAME OF HUSBAND OR WIFE <u>John F. Erman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John F. Erman 10835 Kingbee</u>

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) <u>UREMIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Polycystic Kidneys</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Polycystic Dis. Liver</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)	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 6-18, 1955 to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955 and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack L. Hagaden MD</u> (Degree or title)	23b. ADDRESS <u>601 So. Brentwood</u>	23c. DATE SIGNED <u>6-19-55</u>
24a. RITUAL CREMATION <u>CREMATION</u>	24b. DATE <u>6/21/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>

DATE REC'D BY LOCAL REG. <u>6/19/55</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collier Mortuary 10123 St. Charles Rd</u>
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95. (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..... *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *12123 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.