

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31818**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **2262**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		d. STREET ADDRESS (If rural, give location) <b>8920-Bristol Avenue</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8920-Bristol Avenue</b>			d. STREET ADDRESS (If rural, give location) <b>8920-Bristol Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Henry</b> c. (Last) <b>Erbe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Apr. 2, 1889</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Pattonville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Louis Erbe</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Stephan</b>		14. NAME OF HUSBAND OR WIFE <b>XXXXXXXXXXXXX NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Gosejohan 8920 Bristol Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pulmonary tuberculosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>002X</b> II. OTHER SIGNIFICANT CONDITIONS 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 (Specify) <b>SUICIDE HOMICIDE</b>	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 <b>Sept 29, 1955</b> , to <b>Sept. 29, 1955</b> , that I last saw the deceased alive on <b>Sept. 29, 1955</b> , and that death occurred at <b>7:45 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. A. Miller</b>			23b. ADDRESS <b>8904 St. Charles Rd. St. Louis, Mo.</b>		23c. DATE SIGNED <b>9/30/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-1-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Marvland Heights, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>9-30-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>2504 Woodson Rd - Overland, Mo.</b>			

S.G. (Licensed Embalmer's Statement on Reverse Side)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.