

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29414  
STATE FILE NUMBER  
7593

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7593

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Collinsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish</u>		Length of stay in lb <u>1 day</u>	d. STREET ADDRESS <u>900a Vandalia St.</u>		(If outside, give location) - Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>FRED W. ERNST</u>			4. DATE OF DEATH <u>Aug. 13, 1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 2, 1877</u>	9. AGE (In years last birthday) <u>80</u>	10. FUNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Industry</u>	11. BIRTHPLACE (City and state or country) <u>Nokomis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Ernst</u>		13b. MOTHER'S MAIDEN NAME <u>Magaline Gaskill</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (Give grade, position or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>354-10-1264</u>	17. INFORMANT Address <u>Joseph Ernst 6711 Mitchell, St. Louis, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EMBOLUS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
DUE TO (b) <u>PLEURITIS ROMBOIS E904.0H</u>						
DUE TO (c) <u>HIP FRACTURE 21</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PROSTATIC CARCINOMA</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell at home</u>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. ? p.m. ?						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>32 home</u>	20f. CITY, TOWN, OR LOCATION <u>Collinsville, Illinois</u>			
21. I attended the deceased from <u>8:00 a.m. Aug 13</u> , to <u>11:30 a.m. Aug 13</u> and last saw her alive on <u>Aug 13, 1957</u> Death occurred at <u>11:30 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Robert Rubin M.D.</u>			22b. ADDRESS <u>216 S. KINGS HIGHWAY ST</u>		22c. DATE SIGNED <u>AUG 13, 57</u>	
23a. <del>DATE OF</del> REMOVAL (Specify) <u>Aug. 13, 1957</u>	23b. DATE <u>Aug. 13, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county, State) <u>Nokomis, Ill.</u>		
24. FUNERAL DIRECTOR <u>Herbert A. Hassly</u>		517 REV. <u>Collinsville, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 14 '57</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Herbert A. Ross*  
Licensed Embalmer No. *6890*  
P. O. Address *Collinsville, Ill.*

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.