Health, & Welfare Public Service

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FILED APR 27 1959

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014946
STATE FILE NUMBER
2 3195

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N GRAND, ST LOUIS, MO. — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET ADM. HOSPITAL — Length of stay in 1b: 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: ST. LOUIS

c. CITY OR TOWN: FLORISSANT 4051 — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 465 S LAFAYETTE AVE. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GEORGE — Middle A. — Last ERDELEN

4. DATE OF DEATH: Month MARCH — Day 29, — Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8-4-18

9. AGE (In years last birthday): 40 — 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): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ALOYSIUS ERDELEN

13b. MOTHER'S MAIDEN NAME: ELIZABETH SMITH

14. NAME OF HUSBAND OR WIFE: LILLIAN ERDELEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: 493-01-6887 UNKNOWN

17. INFORMANT — Address: VA HOSP RECORDS, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): LIVER ABSCESS WITH PERFORATION INTO THE ABDOMINAL CAVITY. — UNKNOWN

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3-28-59 5:10P.M. 3-29-59 and last saw him alive on 3-29-59

Death occurred at 5:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): ROBERT E. BAKER Robert E. Baker M.D.

22b. ADDRESS: VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED: 3/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 4-1-1959

23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY.

23d. LOCATION (City, town, or county) (State): JEFF. BKS., ST. LOUIS Co. MO

24. FUNERAL DIRECTOR — ADDRESS: THE FLORISSANT MORTUARY, FLORISSANT, MO.

25. DATE RECD. BY LOCAL REG.: MAR 31 '59

26. REGISTRAR'S SIGNATURE: Karl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Gene S Hutchens

Licensed Embalmer No. 4966

P. O. Address Florissant, M

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.