

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-038519

UNRECORDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10321 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY - - - -
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b Adult life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of the Friendless Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY - - -
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4431 S. Broadway Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
CATHERINE J ERLANDS
 4. DATE OF DEATH Month Day Year
November 4, 1961
 5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Mar 29, 1874 9. AGE (last birthday) 87
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales - Food Supply
 10b. KIND OF BUSINESS OR INDUSTRY Saleslady (Retired) 11. BIRTHPLACE (City and state or country) Cheshire, Conn.
 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME George Goad 13b. MOTHER'S MAIDEN NAME Annie Holman 14. NAME OF HUSBAND OR WIFE Oswald L. Erlands
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. yes 17. INFORMANT Mrs. R. Huntze Address 4431 So. Broadway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 week
 DUE TO (b) Generalized Arteriosclerosis several years
 DUE TO (c) 332x
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 April 1959 to Nov. 4, 1961 and last saw her alive on Nov. 1, 1961
 Death occurred at 8:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benjamin H. Chubb, Jr. M.D. 22b. ADDRESS 3720 Washington - St. Louis 22c. DATE SIGNED Nov. 6, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-7-1961 23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon 23d. LOCATION (City, town, or county) (State) St. Louis County

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St. St. Louis 9, Missouri 25. DATE RECD. BY LOCAL REG. NOV 6 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Bill C. Branson

Licensed Embalmer No. 4764
P. O. Address St Louis Mo

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.