SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041913

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 135

FILED DEC 4 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville — Length of stay in 1b Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Perry Co. Mem. Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Perry
c. CITY OR TOWN Perryville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 912 Grand — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Leander Middle Arnold Last Ernst

4. DATE OF DEATH Month Day Year 11-20-61

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-10-12

9. AGE (last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Perry Co., Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Louis Ernst

13b. MOTHER'S MAIDEN NAME Katherine Fassold

14. NAME OF HUSBAND OR WIFE Oma Ernst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Oma Ernst, 912 Grand, Perryville

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) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

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

DUE TO (b) advanced atherosclerosis — unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART 1 (a) terminal pulmonary edema

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 1956, to Nov 20, 1961 and last saw him alive on 11/20/61

Death occurred at 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Stanley H Regner M.D.

22b. ADDRESS Perryville Mo

22c. DATE SIGNED 11/21/61

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

23b. DATE 11-22-61

23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State) Perryville, Mo.

24. FUNERAL DIRECTOR Young & Sons — ADDRESS Perryville, Mo

25. DATE RECD. BY LOCAL REG. 11-22-61

26. REGISTRAR'S SIGNATURE Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1961

DEC 20 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.