

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046265

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12050

STATE FILE NUMBER

AMENDED

FILED JAN 5 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 2 months

c. CITY OR TOWN University City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 7303 Northmoor Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First FRANCES Middle SIEMON Last ERKER

4. DATE OF DEATH Month Dec. Day 22 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 7-18-1886

9. AGE (last birthday) 75

IF UNDER 1 YEAR Months 5 Days 4 IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (City and state or country) Denver, Colo.

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

13a. FATHER'S NAME Richard Siemon

13b. MOTHER'S MAIDEN NAME Wilhemina Metz

14. NAME OF HUSBAND OR WIFE August C. Erker, Sr.

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. none

17. INFORMANT Address Geo. H. Erker 13270 Maple Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Airbosis of Liver (Metastases)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 5810

INTERVAL BETWEEN ONSET AND DEATH yes

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

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 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 5-2-46 to 12-22-61 and last saw her/him alive on 12-21-61
Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Dr. Donald H. Munsch M.D.

22b. ADDRESS 3511 Central Clayton (N-7) Mo

22c. DATE SIGNED 12-22-61

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

23b. DATE Dec. 23, 1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR ADDRESS A. H. BOCKLAGE 6536 Clayton Rd.

25. DATE RECD. BY LOCAL REG. DEC 22 1961

26. REGISTRAR'S SIGNATURE Paul Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 *John J. Haines*

Licensed Embalmer No. 4108

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.