

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-012619

DO NOT WRITE ON THIS STUB

AMENDED FILED APR 6 1962

Registration District No. **318**

C#403905

SL#26742

Primary Registration District No. **1003**

Registrar's No. **3187**

STATE FILE NUMBER

VS 300  
Rev. 4/59

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4/29/62

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <b>St. Louis</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b DOA	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, ST. LOUIS, MISSOURI</b>		d. STREET ADDRESS (if outside, give location) <b>1900 S. LINDBERG ROAD</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MORRIS J. ERWIN</b>		4. DATE OF DEATH Month Day Year <b>MARCH 23 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/10/94</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OSTEOPATH</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Private Practice</b>	
11. BIRTHPLACE (City and state or country) <b>JERSEYVILLE, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>ED ERWIN</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA HANSELL</b>	
14. NAME OF HUSBAND OR WIFE <b>MABEL ERWIN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WWI</b>	
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT <b>MABEL ERWIN SEE 2D</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF PROSTATE</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>3-27-62</b>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.) <b>177x</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>VA 3/23/62</b> to <b>3/23/62</b> and last saw her <b>alive on</b> Death occurred at <b>5:15</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>STUART M. MEYER</b>		22b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>	
22c. DATE SIGNED <b>3/23/62</b>		23. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>3/26/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Vahalla Crem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 26 1962</b>	
ADDRESS <b>6175 Delmar Blvd.</b>		26. REGISTRAR'S SIGNATURE <b>Leon Smith, M.D.</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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

*J. Allen Davis Jr.*

Licensed Embalmer No. 4083

P. O. Address St. Louis, Mo. 63114-1962

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.