MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008577

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 983

FILED FEB 28 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: D O A
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D O A St.Louis City Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7629 a S.Broadway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Max Middle: -- Last: Erdmann

4. DATE OF DEATH: Month: January Day: 26 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-9-1918
9. AGE (last birthday): 44
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): Beer Bottler
10b. KIND OF BUSINESS OR INDUSTRY: Anheuser-Busch Inc.
11. BIRTHPLACE (City and state or country): St.Louis,Missouri.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Stefan Erdmann
13b. MOTHER'S MAIDEN NAME: Elizabeth Mohr
14. NAME OF HUSBAND OR WIFE: --------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Yes 2/20/42 to 7/23/42
16. SOCIAL SECURITY NO.
17. INFORMANT: A.C.Waldemar Address: 422 N.Hanley Rd. 30

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive Cardio Vascular Disease	2 yrs
DUE TO (c)	Cirrhosis of Liver	3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
5781P

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 Jan 18, 1960 to Jan 26, 1963 and last saw ~~him~~ alive on Jan 26, 1963
Death occurred at Jan 26, 1963 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mitchel L. Bartmill M.D.
22b. ADDRESS: 7615 So Broadway
22c. DATE SIGNED: 2/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-30-1963
23c. NAME OF CEMETERY OR CREMATORY: New St.Marcus Cemetery
23d. LOCATION (City, town, or county) (State): 7901 Gravois ave.

NAME OF FUNERAL DIRECTOR: O.Kornmeister Mortuaries
ADDRESS: 7814 S.Broadway

25. DATE RECD. BY LOCAL REG.: 1-29-1963
26. REGISTRAR'S SIGNATURE: Hoad Smith M.D.

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.