

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049400

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12301 STATE FILE NUMBER

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY - - -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - - -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Corner of Gravois & Cologne		d. STREET ADDRESS (If outside, give location) 5417 Bates	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last John Henry Ernstberger			4. DATE OF DEATH Month Day Year December 10, 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-17-1894
9. AGE (last birthday) 69		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pinkerton Security Man		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John F. Ernstberger		13b. MOTHER'S MAIDEN NAME Caroline Deeg	
14. NAME OF HUSBAND OR WIFE Emma Ernstberger			
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. [redacted]	
17. INFORMANT Mrs. Emma Ernstberger		Address 5417 Bates	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. <u>Chronic Myocarditis</u> DUE TO (b) <u>420.1</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>30m</u> <u>10yrs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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.		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 <u>1935</u> to <u>Nov 10, 1963</u> last saw her alive on <u>Oct 15, 1963</u> Death occurred at <u>7:30</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Benjamin J. Saw</u>		22b. ADDRESS <u>7430 Virginia</u>	
22c. DATE SIGNED <u>12/10/63</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-13-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Old St. John's Cemetery</u>		23d. LOCATION (City, town, or county) <u>Mehlville, Missouri</u>	
24. FUNERAL DIRECTOR <u>HOFFMEISTER COLONIAL MORTUARY</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 12 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Loal Smith, M.D.</u>			

DO NOT WRITE ON THIS STUB

AMENDED

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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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OK

Wanda Taylor

12-12-63

Coronary

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

**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. Brannon*

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.

Dr. Durand Benjamin  
7430 Virginia  
VI. -22340

*Wyd  
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No license shown.*