

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18385

1. PLACE OF DEATH

County St. Louis
 Township Carondelet
 City St. Louis

Registration District No. 1123
 Primary Registration District No. 6218 B
 (No. Telegraph Road)

File No.
 Registered No. 190
 St. Ward)

2. FULL NAME

(a) Residence. No. St., Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emilia

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 1867

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, ... hrs. ... min.
60 | 10 | 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Truck Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oakville
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Erb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oakville
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Emilia Vogel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oakville
 (STATE OR COUNTRY) Missouri

14. INFORMANT Emilio Erb
 (Address) Oakville Mo

15. FILED June 1 1928 L. C. Obrock M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 12 1927 to May 31 1928
 that I last saw him alive on May 31 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the liver.

Not known (duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (SECONDARY) 44B
 (duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Waldorff M. D.
 , 19 (Address) Jefferson R 8mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Pauls DATE OF BURIAL 6/4 1928

20. UNDERTAKER Koppers & Co. ADDRESS 7814 S. Boling

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

