

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

Do not use this space.

✓ 38168

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **5457 Ruskin Ave.**) St. .... Ward .....

File No. ....  
 Registered No. **10745**

**2. FULL NAME** **Edward Wm. Erate**  
 (a) Residence No. **5457 Ruskin St.** Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **9 yrs. 1 mos. 4 ds.** How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **male** | **4. COLOR OR RACE** **White** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** **Single**  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **Single**  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Dec 27, 1919**  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**9** | **1** | **4** |

**8. OCCUPATION OF DECEASED** **at school**  
 (a) Trade, profession, or particular kind of work **None**  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)** **St. Louis**  
 (STATE OR COUNTRY) **Mo.**

PARENTS

**10. NAME OF FATHER** **Edward Erate**  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **St. Louis**  
 (STATE OR COUNTRY) **Mo.**  
**12. MAIDEN NAME OF MOTHER** **Nattie Hillman**  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **St. Louis**  
 (STATE OR COUNTRY) **Mo.**

**14. INFORMANT** **Edward Erate**  
 (Address) **5457 Ruskin Ave**

**15. FILED** **Nov 2, 1928**  
**Max E. Stankov**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Nov. 1, 1928**  
**17. I HEREBY CERTIFY, That I attended deceased from** **10-30**  
**1928, to** **11-1-1928**  
**that I last saw h. alive on** **11-1-1928**, and that death occurred, on the date stated above, at **8:30 A. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**Prognosis of Meningitis**  
 (duration) ..... yrs. mos. **3** ds.

**CONTRIBUTORY (SECONDARY)**  
 (duration) ..... yrs. mos. ds.

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

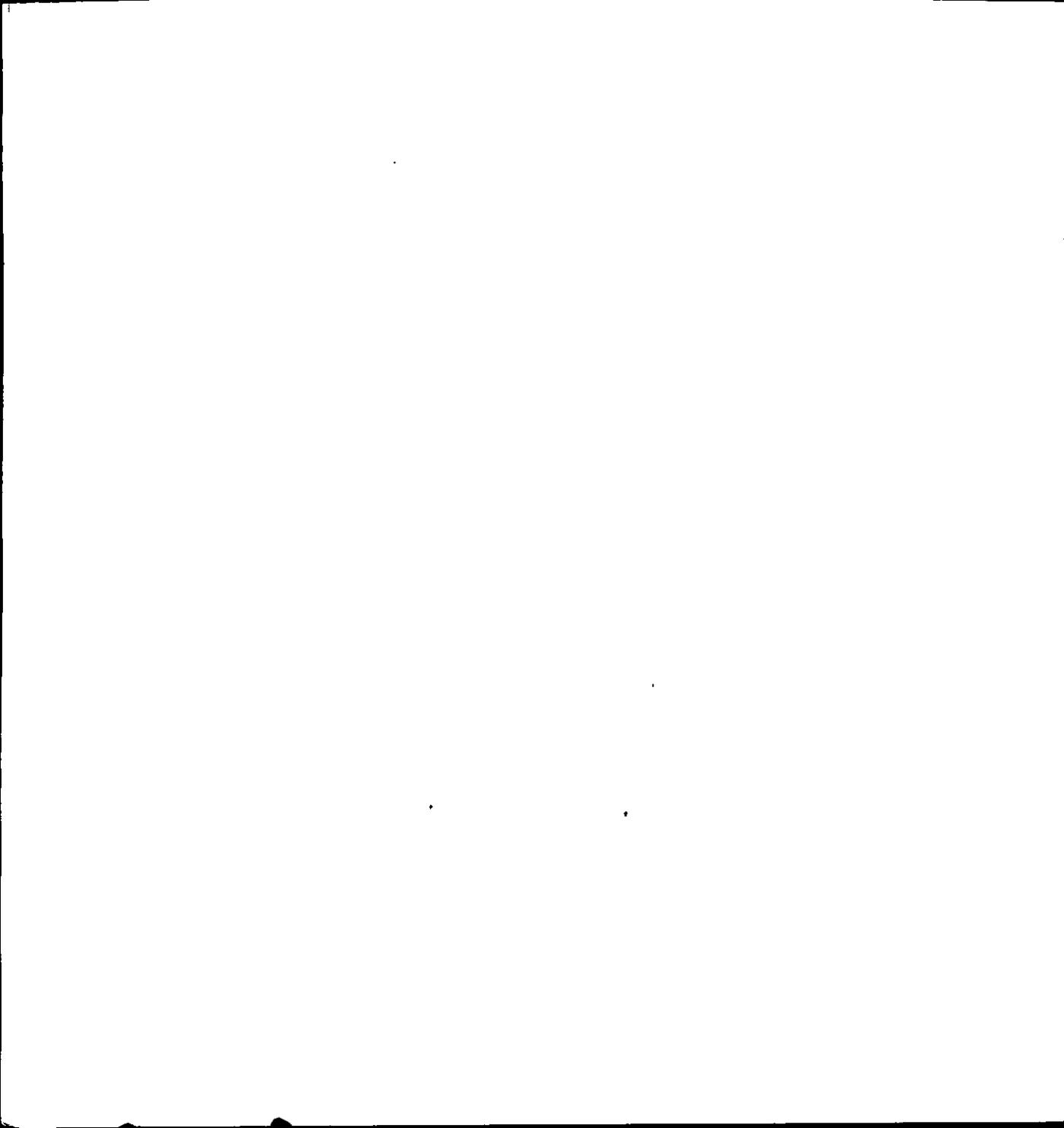
**19. DID AN OPERATION PRECEDE DEATH?** **No** DATE OF .....  
**20. WAS THERE AN AUTOPSY?** **No**

**WHAT TEST CONFIRMED DIAGNOSIS?** **Changes**  
 (Signed) **Wm. A. ...** M. D.  
**11-2-1928** (Address) **3500 N Grand**

\*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. Peters** **DATE OF BURIAL** **Nov. 3, 1928**

**20. UNDERTAKER** **Suedmeyer** **ADDRESS** **3924 N. 20**



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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10-15-2010 BY 60322 UCBAW

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**1. PLACE OF DEATH.**

County..... Registration District No. 791 File No.....  
 Township St. Louis Primary Registration District No. 103 Registered No. 10743  
 City St. Louis (No. ....) St. .... Ward)

**2. FULL NAME**

Edward Wm Guete

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED JAN 20 1928 Ray C. Barker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/01 - 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Protoplasmic Pneumonia  
Primary. Information given over  
Phone by Dr. C. Ober, Chf of W. S. H.  
1-18-29 duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100% duration) yrs. mos. ds.

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)....., M. D. , 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

S-38168