

JUN 2 1935

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

Do not use this space.

17786

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. Lutheran Hospital) File No. **4096**  
Registered No. **4096** St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 43350 Beethoven Ave St. 15 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 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 Myrtle R. Erb  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1887  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 6 18  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Plant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chester Busch  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Carl Erb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Matilda Heilmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Myrtle R. Erb  
43350 Beethoven Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 6 35

19. UNDERTAKER (ADDRESS) Wacker Welderle  
7331 Broadway

20. FILED MAY - 6 1935 19 J. J. Beedeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1935 to May 3, 1935  
I last saw him alive on May 3, 1935. Death is said to have occurred on the date stated above, at 11:20 a.m.  
The principal cause of death and related causes of importance were as follows:

General Peritonitis due to Perforated Gastric Ulcer. Date of onset \_\_\_\_\_

Other contributory causes of importance: Nitral Regurgitation

Closure of Gastric Perforation and Abdominal Drainage Date of Apr. 12, 1935

Name of operation \_\_\_\_\_ What test confirmed diagnosis? Operation Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_ (Signed) B. W. Klippel, M.D. M. D.  
(Address) 3772a S. Broadway

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.

