

REC'D JUN 9 1938

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

16408
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. 4269
(c) City..... (d) Street No. 2310 Pestalozzi St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HAROLD ERTEL 634

(a) Residence, No. 2310 PESTALOZZI St. [24]
(Usual place of abode, if no street address, write county or city) (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 JOSEPHINE ERTEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 26 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
24 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CLERK
9. Industry or business in which work was done, as saw mill, bank, etc.
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 MO

FATHER 13. NAME GEORGE ERTEL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO

MOTHER 15. MAIDEN NAME CATHERINE ZIMMERMANN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS

17. INFORMANT Josephine Ertel (ADDRESS) 2310 Pestalozzi

18. BURIAL, CREMATION, OR REMOVAL PLACE SS PETER + PAUL CEM. DATE MAY 11 1938

19. FUNERAL DIRECTOR J. H. GEORNI L AND CO. (ADDRESS) 2630 GRAVOIS

20. FILED MAY - 9 1938 J. D. Medeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1938, to May 8, 1938. I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 6:35 p. m.

The principal cause of death and related causes of importance were as follows:
Chronic parenchymatous nephritis Date of onset Mar 7 1938

Other contributory causes of importance:

Name of operation None Date of...
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) H. K. Kripatriek, M. D.
(Address) 3603 Dunsmuir St. St Louis Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. _____

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.)