

REC'D JUN 9 1938

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

16745
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City Saint Louis, Missouri (d) Street No. Lutheran Hospital 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

Edwin A. Erbe. **610**

(a) Residence, No. 3614 Indiana Ave. 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 Lillie Erbe.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 5th, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 8 14

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. Schroeter Coal Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri.

13. NAME Conrad Erbe.

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

15. MAIDEN NAME Bertha Erck

16. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri.

17. INFORMANT Lillie Erbe.
(ADDRESS) 3614 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE May 23rd, 1938

19. FUNERAL DIRECTOR Ziggenhain Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED 19 J. D. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 9-10-37, 19..... to 5-19-38, 19.....

I last saw him alive on 5-19-38, 19..... Death is said to have occurred on the date stated above, at 10:26 A.M.

The principal cause of death and related causes of importance were as follows:

Melanoma-Sarcoma of Left Gluteal Region which Metastases to Liver
Date of onset Sept 1938

Other contributory causes of importance:

Cholelithiasis

Name of operation Explanty Date of 5/16/38

What test confirmed diagnosis? 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?

If so, specify Throat M. D.

(Signed) Thos. H. Hauser
(Address) 3651 Grand Blvd

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.

MAY 20 1938

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270.

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

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.)