

REC'D SEP 12 1938

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

27197  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **2202 S. Broadway** Registered No. **7211**  
(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 **Warren Ervin Erxleben** **624**

(a) Residence, No. **410 Victor St.** St. **23**  
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 8th, 1938.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**0 7 27 5**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**  
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.**

13. NAME **Earl Erxleben**

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

15. MAIDEN NAME **Marie Chouquette**

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

17. INFORMANT **Earl Erxleben**  
(ADDRESS) **410 Victor St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Luthern Trinity** DATE **Aug. 16th, 1938**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle**  
(ADDRESS) **2331 S. Broadway**

20. FILE NO. **1938-1-1000** **J. P. Brudick**  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 13th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **8/12, 1938, to 8/13, 1938.**  
I last saw him alive on **8/12, 1938.** Death is said to have occurred on the date stated above, at **5 P.M.**  
The principal cause of death and related causes of importance were as follows:

*Myocardial infarction*  
*Gastro-enteritis*  
*asymptomatic*

Date of onset *unknown*

Other contributory causes of importance: **119B**

Name of operation **none** Date of .....  
What test confirmed diagnosis? *Physical Exam* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury .....  
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) **J. E. Benedict** M. D.  
(Address) **2202 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 2645

Frank J. Dyland, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Frank J. Dyland

Licensed Embalmer No.

2645

P. O. Address

2645 St Louis

**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.)**

**If this body is not embalmed, above space should be left blank.**