DEC'D APR 12 1939

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

791
1003

8833
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 2598
(c) City or S St. Louis Mo. (d) Street No. Firmin Deloge 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.

663

2. PRINT FULL NAME John Erhardt
(a) Residence, No. 2701 S 18th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1922

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
16	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc. School Boy.
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. 0

FATHER
13. NAME John Erhardt. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 7

MOTHER
15. MAIDEN NAME Mary Petrovich.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) John Erhardt. 2701 S 18th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Trinity Cem DATE Mar 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos Lutis 2906 Gravois Ave.

20. FILED MAR 19 1939 J. D. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from January 14th, 1939, to March 18th, 1939
I last saw him alive on March 17th, 1939. Death is said to have occurred on the date stated above, at 2:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant tumor of Right Lung (type uncertain).	Uncertain

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Physical ex. & X-Ray 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) G. O. Brown, M. D.
(Address) 1325 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Signed Thos Kutts

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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