

MAR-13 1939 APR 7 1939

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

12310  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 784  
 (b) Township Richmond Heights Primary Registration District No. 111 Registered No. 451  
 (c) City Richmond Heights (d) Street No. St. Mary's 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

(a) Residence, No. 3733 Lindell Blvd. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arron G. Ott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1905</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>8</u>	DAYS <u>0</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Milwaukee Wisconsin</u>		
13. NAME <u>Abe Ernsky</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>Anna Lewis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT (ADDRESS) <u>Arron G. Ott 3733 Lindell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Milwaukee, Wis.</u> DATE <u>3/13/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Edith E. Ambruster 4234 Manchester</u>		
20. FILER <u>DR Meyer M.D. Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/39, 1939

22. I HEREBY CERTIFY. That I attended deceased from March 8, 1939, to March 12, 1939  
 I last saw her alive on March 12, 1939 Death is said to have occurred on the date stated above, at 2.30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bronch Pneumonia  
Influenza  
Chronic Fibroid TB

Other contributory causes of importance:  
Chronic Fibroid TB

Name of operation None Date of None  
 What test confirmed diagnosis? fluorin 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) H. J. Sheehan M. D.  
 (Address) 122 Union Club Bld.

Date of onset  
March 8-1939

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.

**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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Flornz Eynck*

Licensed Embalmer No. *1284*

P. O. Address *St. Louis Mo.*

**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.**