

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 10 1939

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

12838
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St Louis (d) Street No. 4654 Louisiana Ave St. 15
(e) Length of residence in city or town where death occurred 7 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME ANNA DINZEBACH ERB
(a) Residence, No. 4654 Louisiana St. 15
(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 FEMALE 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 LORENZ ERB

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>75</u>	<u>8</u>	<u>12</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) FEB 1938 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Nicholas BERG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HESSEN-DARMSTADT GERMANY

MOTHER
15. MAIDEN NAME Catherine HARTMANN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) LORENZ ERB 4654 Louisiana Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory 4139
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HENRY L WEIDENVELL 6203 Gravois Ave
20. FILED APR 5 1939 J. B. Buckley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to April 2, 1939
I last saw h. alive on April 2, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis "Chonica" 1 1/2 yrs
Smile Dependent 1 1/2 yrs
Serious Arterio Sclerosis
Other contributory causes of importance:
Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Julius Charles Keller, M. D.
(Address) 2603 Glenview St

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.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Wash. Blvd*

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.