

6-1939

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

19720
Do not use this space.

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.

JUN 20 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) ~~Township~~ Glayton Primary Registration District No. 200 Registered No. 108

(c) City or Crytal Lake Ph. (d) Street No. Oak Drive in Village of Crytal Lake Park 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 Doctor Arthur W. Erikson

(a) Residence, No. Oak Drive in Village of Crytal lake Park June 4 1939
(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 May C. Erikson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. President Erikson

9. Industry or business in which work was done, as saw mill, bank, etc. Century Dental 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) (STATE OR COUNTRY) Sweden

FATHER 13. NAME Axel W. Erikson

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

MOTHER 15. MAIDEN NAME Unknown

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT May C. Erikson
(ADDRESS) Oak Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE June 7 1939

19. FUNERAL DIRECTOR (NAME) Charles F. Stuart
(ADDRESS) 1225 Union Blvd

20. FILED JUN 6 - 1939 G. R. Meyer 71.7
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1937 to June 4 1939

I last saw him alive on June 4 1939 Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Carcinoma of Prostate Date of onset

5/c

Other contributory causes of importance:
General Carcinomatosis

Transurethral Prostatectomy Name of operation Date of Dec 7 1937

What test confirmed diagnosis? Was there an autopsy?

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 None (Signed) Louis T. Berard M. D.
(Address) 817 Olive St. St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

W. N. Ferard
984 Arcade Bldg.

JUN 3 0 44 AM '17

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 Robert S. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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.