

REC'D AUG 1 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23913

Registrar's No. 6186

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Deaconess Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 60 years  
 (years, months or days)

8. (a) PRINT FULL NAME Minnie Erb 610

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife William H. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 18, 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 6 25 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis  
 (City, town, or county) (State or foreign country) 0

10. Usual occupation Home 9

11. Industry or business \_\_\_\_\_ 9

MOTHER FATHER { 12. Name Arendt  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Stal  
 (b) Address 215 Parkland Pl.

17. (a) Cremation (b) Date thereof 7/15/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Heldert  
 (b) Address 2331 S. Broadway

19. (a) JUL 13 1939 (b) J. F. Brudick  
 (Date of local registration) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST LOUIS  
GLENDALE  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") **NR**  
 (d) Street No. 215 Parkland  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
 year 1939 hour 3 minute 15 a. m.

21. I hereby certify that I attended the deceased from 7/11/39  
 \_\_\_\_\_, 19\_\_\_\_ to 7/12/39, 19\_\_\_\_  
 that I last saw him alive on 7/12/39, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis  
Chronic Hemorrhagic Pancreatitis  
 (Reported) Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Abd. filled with gas -  
Purulent fluid, fugal fat necrosis  
 Of autopsy same  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury !  
 23. Signature Walter Bailey (M. D. or other) \_\_\_\_\_  
 Address One Thirtieth St Date signed 7/13/39

USE CARBONIC BLACK INK—MAKE 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.....

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

Signed..... *Frank J. Myland Sr.*  
Licensed Embalmer No. *7645*  
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.**