

JAN 12 1940  
Registration District No. 701

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

## 1. PLACE OF DEATH:

(a) County 2  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2012 East Prairie Ave  
 (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 (Specify whether  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2012 East Prairie Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 60 Years years.

3. (a) PRINT FULL NAME John Erhardt 66.33. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Christina Otto Erhardt 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct 28th 1863  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
76 1 20 hr. \_\_\_\_\_ min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Stone Mason

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

12. Name Unknown  
 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 Paul Erhardt(b) Address 2012 East Prairie Ave17. (a) Burial (b) Date thereof 12/20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Stroot - Carroll(b) Address 4600 Natural Bridge Ave19. (a) DEC 18 1939 (b) J. B. Brubaker  
(Date of local death) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17  
year 1939 hour 10 minute 30 p M.21. I hereby certify that I attended the deceased from Dec 12 - 1939  
\_\_\_\_\_, 19\_\_\_\_ to Dec 17, 1939;  
that I last saw him alive on Dec 15, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to chronic myocarditis 10 yrs  
Duration

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)Major findings: no  
Of operations \_\_\_\_\_Of autopsy no

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)  
(a) Means of injury \_\_\_\_\_23. Signature Albert J. Motel (M. D. or other) \_\_\_\_\_  
Address 2739 70th Grand Bl Date signed \_\_\_\_\_

**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 Sheldon Collier

Licensed Embalmer No. 3382

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.**