. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4918

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1748

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Sullivan NR
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 650 Albert Erni

3. (b) If veteran, name war None

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 Bertha

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 20 (Day) 1870 (Year)

8. AGE: Years 69 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Berger (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 7

FATHER
12. Name Jacob Erni
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Barbara Helmendach
15. Birthplace Gasconade (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Bertha Erni
(b) Address Sullivan, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Albert H. Hoope
(b) Address 4700 Washington Ave.

19. (a) FEB 20 1940 (Date received local registrar) (b) J. F. Bechack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 year 1940 hour 11 30 Pm. minute M.

21. I hereby certify that I attended the deceased from February 9, 1940, to Feb. 17, 1940; that I last saw him alive on Feb. 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Appendicitis
Cholecystitis
Of autopsy Paralytic ileus

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. M. Winn M.D. (M. D. or other)
Address 462 N. Taylor. Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1963

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 Wilford Burnley, Registered Apprentice No. 1 working under my personal supervision.

Signed Albert E. Hoffa

Licensed Embalmer No. 2971

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.