

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23960

State File No. _____

AUG 25 1940 7911

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6405

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

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:
Jewish 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

8. (a) PRINT FULL NAME Infant Erbe 610

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 30 min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Edwin G. Erbe

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Pride

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin G. Erbe

(b) Address 5805a Thekla Ave

17. (a) Burial (b) Date thereof 7/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 30 1940 (b) J. F. Brudeck
(Date of burial or cremation) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits write "RURAL")
(d) Street No. 5805a Thekla Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 1:45 AM minute _____ M.

21. I hereby certify that I attended the deceased from 30 min
_____ 19____ to _____ 19____;
that I last saw h. u alive on July 28, 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis 30 min
Duration

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

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 _____

28. Signature Joyce Magidson (M. I. D. or other) MD
Address 5805a Thekla Ave Date signed July 29, 1940

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.....



Licensed Embalmer No. 2967

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.