

1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

9095
State File No. 2505
Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Mos., 3 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 25
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1147 N. Broadway 17
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Erhart
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17, year 1941 hour 11:45 minute P. M.
21. I hereby certify that I attended the deceased from January 9, 1941 to March 17, 1941
that I last saw him alive on March 17, 1941
and that death occurred on the date and hour stated above.

4. Sex males 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. unk.
(Month) (Day) (Year)

Immediate cause of death _____
Lymphatic Leukemia
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years about 75 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation unknown

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name unknown
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace " (City, town, or county) (State or foreign country)

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 0
23. Signature E. J. Biers (M. D. or other) _____
Address 1515 Lafayette Avenue Date 3/18/41

16. (a) Informant Mrs. Theresie Cegger
(b) Address 2127 W. 90th St. Los Angeles, Calif.
17. (a) Cremation (b) Date thereof Mar. 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crematory Parkfield
18. (a) Signature of funeral director Chas. A. Bell
(b) Address 4457 Washington Pl.
19. (a) MAR 20 1941 (b) J. W. Redeker
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

10
17
9

MOTHER FATHER

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.....

John Fetter

Licensed Embalmer No.....

3880

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, fact should be so stated above.