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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16738

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4256

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:
St. Louis City Hospital 6
(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 000

(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3505a North 11th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No attending Physician years.

3. (a) PRINT FULL NAME Cora Helen ~~Ernest~~ ERNST

3. (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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb-15 (Month) 1875 ? (Day) (Year)

8. AGE: Years 66 ? Months 3 Days 6 If less than one day hr. min.

9. Birthplace Petersburg (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 6 (State or foreign country)

16. (a) Informant Carlos C Ernst
(b) Address 3505 N 11TH St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville Ill Sun Set Hill cem

18. (a) Signature of funeral director Francis J Lahey
(b) Address Madison Ill.

19. (a) MAY 21 1941 (Date received local registrar) (b) J. P. Biedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 1 minute a M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Alfred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

Feb-16

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 Francis J. Daley

Licensed Embalmer No. 2792

P. O. Address Madison Ill.

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

If this body is not embalmed, fact should be so stated above.