S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36809

Primary Registration District No. 1003

Registrar's No. 9039

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: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Vinita Park 41NR
(If outside city or town limits, write "RURAL")

(d) Street No. 8205 Jackson Street 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pansie V. Ermes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female F

5. Color or race White W.

6. (a) Single, widowed, married, divorced Married M

6. (b) Name of husband or wife Charles W. Ermes

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec. (Month) 7 (Day) 1892 (Year)

8. AGE: Years 49 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Nelson Fisher

13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Joanne Windle

15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Charles W. Ermes

(b) Address 8205 Jackson st.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 14 1941 (Date received local registrar) (b) J J Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1941 hour 8 minute 40 a.m.

21. I hereby certify that I attended the deceased from Nov. 8, 1941, to Nov. 14, 1941; that I last saw h. alive on Nov. 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Toxic myocarditis — Duration 6 days

Auricular fibrillation

Due to

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 0

23. Signature H P Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address.....

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

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