

S. No. 2
1-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28693

FILED OCT 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7770

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:
Firman Desloge 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 Mo (b) County St. Louis ⁹⁶

(c) City or town CLENDALE ¹¹
(If outside city or town limits, write "RURAL" ^{NR})

(d) Street No. 1240 Sappington Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Erney

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 5 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Invalid

11. Industry or business _____

MOTHER FATHER

12. Name Anthony Erney

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

14. Maiden name Catherine Sheehan

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

16. (a) Informant Joseph Erney

(b) Address 1240 Sappington, Glendale

17. (a) Burial (b) Date thereof 9-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) SEP 18 1942 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/5/42
_____ 19 _____ to 9/17/42 _____ 19 _____
that I last saw him alive on 9/17/42 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchopneumonia 4 da

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.

13 da

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) fallen home

(b) Date of occurrence 9/17/42

(c) Where did injury occur? Home. S.P. No.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bredak (M. D. or other)

Address 634 N. Grand Date signed _____

844 (Licensed Embalmer's Statement on Reverse Side)

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

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 M Meyer

Licensed Embalmer No.

3788

P. O. Address

Kittwood

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.