

S. No. 2  
M-542  
v. 5-17-39  
X32873

34920

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2  
Registrar's No. 2245

Registration District No. 784 Primary Registration District No. 2nd

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

1. PLACE OF DEATH: St. Louis,  
(a) County St. Louis,  
(b) City or town Gardenville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 8149 Gravois  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 days  
In this community 60 years  
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME Ernest Washer, Sr.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 27  
year 1942 hour 9 minute 30 P.M.

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

21. I hereby certify that I attended the deceased from September 8th, 1942 to October 27th, 1942  
that I last saw him alive on October 26th, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Amalia 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased September 25, 1844  
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis Duration 3 days  
Due to Chronic Interstitial Nephritis  
and Arteriosclerosis 2 years

8. AGE: Years 98 Months 1 Days 2 If less than one day --- hr. --- min.

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.

9. Birthplace Germany (City, town, or county) (State or foreign country)  
10. Usual occupation Retired

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

16. (a) Informant Wm. Washer  
(b) Address 3434 Oak Hill  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 30 42 (Month) (Day) (Year)  
(c) Place: burial or cremation New SS Peter & Paul

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) XXX  
(b) Date of occurrence XX  
(c) Where did injury occur? XXX (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work XX (Specify type of place) (e) Means of injury ---  
23. Signature Dr. H. H. Walters (M. D. or other) Address 3608 So. Grand Blvd Date signed 10/28/42

18. (a) Signature of funeral director Hecker-Helms-Hard Co.  
(b) Address 3634 Gravois Avenue  
19. (a) OCT 29 1942 (Date received local registrar) (b) C. H. McLarron (Registrar's signature)

Lu 7891

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**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 Robert Wheeler  
Licensed Embalmer No. 2128  
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, fact should be so stated above.**

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