

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1718a Allen av.
(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 _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL"
(d) Street No. 1718a Allen Av.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Ermantraut Sr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt 73 hr. _____ min.

9. Birthplace Czechoslovakia (City, town, or county) (State or foreign country) 6

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Ermantraut
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country) 6
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Joseph Ermantraut

(b) Address 1718a Allen Av.

17. (a) Cremation (b) Date thereof 9/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No Crematory

18. (a) Signature of funeral director Wm G. Mordell

(b) Address 1926 Allen Av.

19. (a) SEP 1 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1943 hour I (minute 20 P.M.)

21. I hereby certify that I attended the deceased from Sept 13 to Sept 13, 1943
that I last saw him alive on Sept 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Primary Biliary Duration 6 mo.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: as above
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address 1926 S. Grand 192 Date signed 9/14/43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John E. Moydall

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave

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.