

S. No. 2
FORM-2-43
5-17-39
-1 X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32507**
Registrar's No. **2077**

FILED SEP 21 1943
Registration District No. **17**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St Louis Co.**
(b) City or town **Rural Gravois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Miller Nursing Home
(If not in hospital or institution, write street number or location) **f**
(d) Length of stay: In hospital or institution. (Specify whether
In this community **Life** (Specify whether
year, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **1090**
(c) City or town **St Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3316 Nebraska Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **LOUISE ERNST**
(b) If veteran, name war **1037**
(c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **14**
year **1943** hour **11 20 A.M.** minute **M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow 2**
6. (b) Name of husband or wife **Julius Ernst**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Oct 19 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 20th**, 19**42** to **Sept 14th**, 19**43**; that I last saw her alive on **Sept 13**, 19**43** and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary of right breast**
Duration

8. AGE: Years **73** Months **11** Days **25** If less than one day hr. min.

Due to **Myocarditis**
regional reperfusion
Due to
Other conditions (Include pregnancy within 3 months of death) **50**

9. Birthplace **Sty Louis** (City, town, or county) (State or foreign country) **D**

10. Usual occupation **At Home**
11. Industry or business **Housewife**

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name **Michael Hertling**
13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Unknown**
15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Annie Heckel**
(b) Address **3316 Nebraska Ave.**

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?

17. (a) **Burial** (b) Date thereof **Sept 17/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Thoroldus & Son**
(b) Address **2906 Gravois Ave.**
19. (a) **SEP 16 1943** (b) **E. D. Mc Garran, M.D.**
(Date received local registration) (Registrar's signature) **E.S.**

23. Signature **J. J. Meredith** (M. D. or other) **2nd.**
Address **269 K. Highway** Date signed **9-16-43**
While at work? (Specify type of place) (e) Means of injury

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

96000

1259 N. Kings Highway

Dr. J. J. Medereth

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 David Lee Johnson

Licensed Embalmer No. 4242

P. O. Address 2906 Harrison

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.