S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 33061

Registration District No. 348

Primary Registration District No.

Registrar's No. 9087

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: 5062 Maffitt Ave. /
(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: 000

(a) State Missouri (b) County 176

(c) City or town St. Louis 66
(If outside city or town limits, write "RURAL")

(d) Street No. 5062 Maffitt Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Henry Erhardt.

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 Nov. 28, 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Night Watchman.

11. Industry or business

FATHER
12. Name Edward Erhardt.
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Boone
15. Birthplace Louisville, Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Erhardt

(b) Address 5062 Maffitt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter and Paul

18. (a) Signature of funeral director Bernice Niehaus

(b) Address 1431 Union Blvd.

19. (a) OCT 15 1943 (Date received local registrar) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1943 hour 6 minute 20 p. M.

21. I hereby certify that I attended the deceased from Aug. 10 — 1943, to Oct. 13th 1943;
that I last saw him alive on 10 — 13 — 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to

Due to 93d

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. W. Farris (M. D. or other)

Address 3506 N. Grove Date signed 10/14/43

(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.....John Ketter.....

Licensed Embalmer No.....3880.....

P. O. Address.....

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.