

FILED DEC 29 1943

State File No.

11328

Registration District No. 318

Primary Registration District No. 1005

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 days
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... Edward F. Erbe

3. (b) If veteran, name war..... None
3. (c) Social Security No. 488-05-8615

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife..... Lillie C. Erbe nee Kraft
6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... February 20, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 25 hr. min.

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

10. Usual occupation..... Shipping clerk

11. Industry or business

MOTHER FATHER

12. Name..... Phillip Erbe
13. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Katherine Meyer
15. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edwin G. Erbe

(b) Address..... 5976 Park Lane Ave

17. (a) Burial (b) Date thereof..... 12/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) DEC 18 1943 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 5976 Park Lane Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 15th
year..... 1943 hour..... 7:15 AM minute..... M.

21. I hereby certify that I attended the deceased from.....
12-10-1943 to..... 12-15-1943

that I last saw him alive on..... 12-15-1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pulmonary edema Duration..... 5 days

Due to..... Coronary Thrombosis ..

Due to..... Arteriosclerosis, Gen. ?

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

Major findings: Of operations..... 94 PHYSICIAN.....

Of autopsy..... 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)..... No

(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) (e) Means of injury.....

23. Signature..... Nicholas Vitale (M. D. or other)..... M.D.

Address..... 3861 St. Louis Ave. Date signed..... 12/17/43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

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.