

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

31710

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** SEP 24 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **7985**

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 Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community 4 years (Specify whether 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. 4161 Maryland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank A. Erickson

3. (b) If veteran, name war None  
3. (c) Social Security No. N374-01-0370

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

6. (b) Name of husband or wife Carmelita C. Erickson  
6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased November 11, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>3</u>	hr. _____ min.

9. Birthplace Cloquette Minn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist  
Measuregraph Co.

11. Industry or business \_\_\_\_\_

12. Name Audren Erickson

13. Birthplace Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name Christine Larson

15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Erickson  
(b) Address 4146 Maryland Ave.

17. (a) Removal (b) Date thereof 9/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flint, Mich.

18. (a) Signature of funeral director Wagoner Mortuary  
4161 Lindell Blvd.

19. (a) SEP 16 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 9  
1946 to Sept. 14, 1946;  
that I last saw him alive on Sept. 14, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar  
Pneumonia associated with  
Artemia

Due to \_\_\_\_\_  
Due to 108

Other conditions \_\_\_\_\_  
(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 [Signature] (M. D. or other) M.D.  
Address 2632 S. Kingshighway Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

9/16/46

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

MOTHER FATHER

---

---

**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 Neville B. Thohwetter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell

**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.**