

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36571

11782 / 9  
State File No. \_\_\_\_\_  
Registrar's No. 666

FILED MAR 21 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3066

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Kirkwood 22 Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
118 E. Woodbine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 118 E. Woodbine  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Henry Erke  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 493-01-714

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 15  
year 1947 hour 6:35 minute A M.  
21. I hereby certify that I attended the deceased from 3/14, 1947, to 3/15, 1947;  
that I last saw him alive on 3/15, 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth Erke  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased July 2 1888  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 da  
Due to Hypertension  
Due to 830  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
58 8 13 hr. \_\_\_\_\_ min.

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

9. Birthplace Ballwin Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

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

12. Name Fred Erke

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

14. Maiden name Minnie Reinke

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

16. (a) Informant Mrs. Elizabeth Erke  
(b) Address 118 E. Woodbine Kirkwood, Mo.

17. (a) Burial (b) Date thereof 3/18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Pauls Cem.

18. (a) Signature of funeral director Meyer-Pfizinger Fun.  
(b) Address Kirkwood, Mo Dir. Inc.

19. (a) 3-17-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0  
23. Signature [Signature] (M. D. or other) Med.  
Address 104 [Address] Date signed 3/18/47

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 M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Herbwood, 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.**