. S. No. 2
DM—1/47
ev. 5-17-39

#79415

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39620

State File No. 10532

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County over 17

(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 2837a Meramec ST. 0
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRED ERBEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanor

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept. (Month) 25 (Day) 1902 (Year)

8. AGE: Years 45 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Austria Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name Frank Erben 4
13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Antonia Jakseck
15. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Erben
(b) Address 2837a Meramec St.

17. (a) Burial (b) Date thereof 11-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cem Jeff. Barracks ~~Com~~ Mo

18. (a) Signature of funeral director Schumacher Und. Co.
(b) Address 3013 Meramec St.

19. (a) NOV 15 1947 (b) J. F. Bruseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1947 hour 1 minute 58 P.M.

21. I hereby certify that I attended the deceased from 11/11/47, 19, to Nov. 14th 1947
that I last saw him alive on Nov. 14th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, site and vessel undetermined

Due to undetermined cause

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused by wife

Duration

PHYSICIAN

Underline the cause of 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 Warren B. Mills (M.D. or other) 11/14/47
Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 10 1947

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 Francis Williamson

Licensed Embalmer No. 3565

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.