No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 39621

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10655

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3191 South Spring Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community About 40 years

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. 3191 South Spring Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ERSKINE, Marvin A.
3. (b) If veteran, name war XXXXXXXXXX
3. (c) Social Security No. 496-22-0142
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 4 (Day) 1893 (Year)

8. AGE: Years 54 Months 8 Days 14 If less than one day @@@ hr. @@@@@ min.

9. Birthplace Marshall (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Upholsterer
11. Industry or business Furniture
MOTHER FATHER
12. Name Wm. A. Erskine
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Eva Erskine
(b) Address 3191-So. Spring, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027-Gravois Ave. St. Louis, Mo.
19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th. year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 10, 1947, to Nov. 18, 1947, that I last saw him alive on Nov. 15, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary occlusion | 10 days |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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

23. Signature L. R. Sheridan (M. D. or other)
Address 2602 So. Grand Blvd. Date signed 11/26/47

Jefferson City Printing Co. (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 W. G. Patterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.