

No. 300  
1-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

140555  
State File No. ....  
Registrar's No. 4096

Registration District No. 318

Primary Registration District No. 1003

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

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:  
3228 Osceola St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
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. 3228 Osceola St.,  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Casper Erl,  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 28th  
year 1948 hour 9: minute 30 A.M.

4. Sex Male, 5. Color or race White,  
6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife Anna Erl,  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased January 5, 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April, 1947 to April 27, 1948  
that I last saw h. im alive on April 27, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 3 23 hr. min.

Immediate cause of death Chronic myocarditis and hypertention. Duration  
Due to Age.

9. Birthplace Germany,  
(City, town, or county) (State or foreign country)  
10. Usual occupation Beer Brewer, Retired 13 Yrs.,

Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

11. Industry or business Anheuser-Busch, Inc.,  
12. Name Unknown,  
13. Birthplace Unknown,  
(City or town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace Unknown,  
(City, town, or county) (State or foreign country)

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?  
While at.....? (Specify type of place) Means of injury.....

16. (a) Informant Miss Anna Erl,  
(b) Address 3228 Osceola St.,  
17. (a) Burial, (b) Date thereof 5/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope Cemetery,  
18. (a) Signature of funeral director Gebken-Benz Mortuary,  
2842 Meramec St.  
(b) Address.....  
19. (a) APR 30 1948 (b) J. F. Bredich  
(Data received local registrar) (Registrar's signature)

23. Signature Francis J. Sudman M. D.  
Address 4930 Lindell Blvd. Date signed 4/28/48

**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..... me.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lora E. Percy.....

Licensed Embalmer No. 4094.....

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.**