

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20327**

BIRTH NO. _____ REG. DIST. NO. **223** PRIMARY REG. DIST. NO. **3051** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline 0790	
c. LENGTH OF STAY (In this place) 27 Hours		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Marie c. (Last) Erlacker			4. DATE OF DEATH June 29 1951 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 16 1897		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Hogard			
13b. MOTHER'S MAIDEN NAME Margaret Gissell		14. NAME OF HUSBAND OR WIFE Joseph Erlacker			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Joseph Erlacker ADDRESS St. Marys Mo. R 1	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy - Cerebral		ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic cordio-vascular		DUE TO (b) 2 1/2	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) renal disease with hypertension		DUE TO (c) 3 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 19 1951 to June 29 1951 , that I last saw the deceased alive on June 29 1951 , and that death occurred at 11:00 Am. , from the causes and on the date stated above.						

23a. SIGNATURE Edgar M. ... (Degree or title)		23b. ADDRESS Perryville Mo		23c. DATE SIGNED 6-30-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2 1951		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Perryville Mo.	
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DATE REC'D BY LOCAL REG. June 30 1951		REGISTRAR'S SIGNATURE Joe J. Zellmer		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

991

AUG 1 1951

RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. 6

No.

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville Pa.*

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.