

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35006

State File No.

318

1003

Registrar's No. 8955

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH
 a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
 OR TOWN ST. LOUIS Mo

c. CITY (If outside corporate limits, write RURAL and give township)
 OR TOWN ST. LOUIS 2249

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL

d. STREET ADDRESS (If rural, give location)
2728 MIAMI

3. NAME OF DECEASED (Type or Print)
 a. (First) SUSAN b. (Middle) - c. (Last) ERASIMUS

4. DATE OF DEATH (Month) (Day) (Year)
OCT. 8 1951

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH SEPT. 8 1879
 9. AGE (In years last birthday) 72
 IF UNDER 1 YEAR Months Days
 IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
WIDOW

10b. KIND OF BUSINESS OR INDUSTRY
AT Home

11. BIRTHPLACE (State or foreign country)
AUSTRIA 4

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
CHRISTIAN THIER

13b. MOTHER'S MAIDEN NAME
MARGARET REISNER

14. NAME OF HUSBAND OR WIFE (DECEASED)
MICHAEL ERASIMUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
492-24-4358

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
SUSAN SEGEDIN 2728 MIAMI

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chronic Nephritis
 DUE TO (c) Ascites & Arteriosclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Sept 15 - 1950

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
442X

20. AUTOPSY?
 YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
572X

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Oct 7, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 1:35 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
C. E. Moeller M.D.

23b. ADDRESS
3537 S. Jefferson Av

23c. DATE SIGNED
Oct 9-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
OCT. 11 1951

24c. NAME OF CEMETERY OR CREMATORY
NEW ST. MARCUS

24d. LOCATION (City, town, or county) (State)
ST. LOUIS Mo

DATE REC'D BY LOCAL REG. OCT 10 1951

REGISTRAR'S SIGNATURE
J. Earl Smith M.D., R.P.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Thomas Kutis 2906 Shaver

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

Clear uph years

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Leo J. Budde

Signed
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *H. Lewis, 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.