

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19358

FILED MAY 18 1953

1003

Registrar's No. 4466

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 19358			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____ 2069	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. Ann Home				6. STREET ADDRESS (If rural, give location) 5301 Page					
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Emily		c. (Last) Erskine		4. DATE OF DEATH (Month) (Day) (Year) Apr 29 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Jan 16 1865		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Eagle Wisconsin			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Sindry Smith			13b. MOTHER'S MAIDEN NAME Orelia Blake			14. NAME OF HUSBAND OR WIFE Nathan Erskine			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Mary Bernard 3863 Cleveland				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis. INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular disease of heart. 12/15/52 DUE TO (c) Endocarditis. 12/15/52 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atheroma of arteries.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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 4214					
22. I hereby certify that I attended the deceased from April 14, 1953 to April 29, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 4:45P m., from the causes and on the date stated above.									
23a. SIGNATURE Foris. N. Brown M.D.				(Degree or title) _____		23b. ADDRESS 1303 N. Kingsbury Hwy		23c. DATE SIGNED Apr 30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL MAY 1 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur		ADDRESS 3125 Lafayette		

(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *Joseph B. Ballmer*
Licensed Embalmer No. *401*
P. O. Address *3125 Lake*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.