

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27946**

**FILED SEP 14 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5171 Registrar's No. 298

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Callaway</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural St. Aubert Twp.</u> ) c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>St. Charles</u>	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 <u>RFD 1 Mokane Mo</u>		e. STREET ADDRESS (If rural, give location) <u>305 Clark St.</u> <u>6923</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>Oscar</u>	c. (Last) <u>Erbe</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 6, 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 24, 1895</u>	<b>9. AGE</b> (In years last birthday) <u>58</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 4 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Bottler</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Soft Drinks</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Fred Wm. Erbe</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alice Burke</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Evelyn Erbe</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <u>497 10 8471</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Evelyn Erbe</u>	<b>ADDRESS</b> <u>St. Charles Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hrs</u>  <u>60 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>		
	<b>ANTECEDENT CAUSES</b>  DUE TO (b) <u>prev. Coronary occlusion</u>  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>. 4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE / HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>12 P</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 12 P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Harry A. Stewart</u>	(Degree or title) <u>Dr. B.S.</u>	<b>23b. ADDRESS</b> <u>Fulton Callaway County Mo</u>	<b>23c. DATE SIGNED</b> <u>9/7/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Sept. 9/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Charles Boromeo.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Charles Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Sept. 10, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Maretha Lawrence</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Margie Funeral Home</u>	<b>ADDRESS</b> <u>Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 300  
Rev. 10. 48

0140  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

73492

SEP 28 1953

SEP 16 1953

SEP 15 1953

OCT 2 1953

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 *W. A. [Signature]*.....

Licensed Embalmer No. *3722*

P. O. Address *Fulton*

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.