

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

State File No. **2751**

**FILED JAN 19 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **22**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <b>St. Louis,</b>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>St. Louis,</b>	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 <b>3703 North 20th. Street</b>		6. STREET ADDRESS (If rural, give location) <b>4728 Lexington Ave. 2067 0</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>LYDIA</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>ERSKINE</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan- 1- 1954</b>		
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>August 15 1874</b>	<b>9. AGE</b> (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Grocery</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri 0</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.S. A.</b>	
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<b>13a. FATHER'S NAME</b> <b>Fred Schwartz</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>David Erskine (Deceased)</b>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		<b>16. SOCIAL SECURITY NO.</b> <b>531-03-7569A</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. William Ahlerk 3703 No. 20th. St.</b>			
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc.: It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<b>Coronary Thrombosis</b>					
ANTECEDENT CAUSES		DUE TO (b) <b>Chronic Myocarditis</b>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		<b>Arterio Sclerosis</b>					
Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<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) (m.) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>	
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**22. I hereby certify that I attended the deceased from 12/29/53 to 12/31/53, 1953, that I last saw the deceased alive on 12/31, 1953 and that death occurred at 6:00a. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>W.C. Harwood M.D.</b>		<b>23b. ADDRESS</b> <b>3012 Lafayette</b>		<b>23c. DATE SIGNED</b> <b>1/2/54</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Jan-5-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
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<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>JAN 4 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Charles Smith M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Beiderwieden F.H. Inc. 1936 St. Louis Ave.</b>	
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(Licensed Embalmer's Statement on Reverse Side) **St. Louis, Missouri**

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

0.300  
0.48

**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~~ ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Elton R. Remelice*

Licensed Embalmer No. *422*

P. O. Address *St. Louis*

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.