

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42025

State File No.

FILED JAN 6 1956

318

1003

Registrar's No. 9897

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		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		f. STREET ADDRESS (If filed, give location) -25 1500 Cass Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle)		c. (Last) Erben	
4. DATE OF DEATH Nov. 12, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 30, 1868		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Moulder		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Austria	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wenzel Erben		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Antonia Erben		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. W.H. Behrent		ADDRESS 1945a Arlington			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli; Fracture of Right Hip; Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO suffered in fall at DUE TO Injury on October		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 30, 1955.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Injury		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY Oct 31 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9047	
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 10:50 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Zuckerman		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/15/55		24c. NAME OF CEMETERY OR CREMATORY Zions Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO.		ADDRESS 3710 No. Grand Bl.	
DATE REC'D BY LOCAL REG. NOV 14 1955		REGISTRAR'S SIGNATURE Carl Smith Mo			

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 *W E Morris*.....

Licensed Embalmer No. *336*

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.