

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008195
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>386</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside of rural, give name of city or town) <u>St. Johns Overland</u>		c. LENGTH OF STAY (in this place) <u>YRS.</u>		c. CITY OR TOWN <u>St. Johns Overland</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>8624 Moran</u>				e. STREET ADDRESS (If rural, give location) <u>8624 Moran</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mabel</u>		b. (Middle) <u>Erwin</u>		c. (Last) _____	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>8</u>		(Year) <u>1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 27, 1903</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Van Buren Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Luther Frazier</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Ghilton</u>		14. NAME OF HUSBAND OR WIFE <u>John D Erwin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John D Erwin</u>		ADDRESS <u>St Johns Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>± 6 mos.</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma in Mediastinum, primary probably lung-</u>					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
		DUE TO (c) _____				1621	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 7, 1958</u> , to <u>2/8, 1958</u> , that I last saw the deceased alive on <u>14 Dec, 1957</u> , and that death occurred at <u>11:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alfred Fleishman MD</u> (Degree or title) _____				23b. ADDRESS <u>2560 A Woodson Rd OVERLAND 14 MO</u>		23c. DATE SIGNED <u>2/8/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10 Feb 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Lebanon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/8/58</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F. Home</u>		ADDRESS <u>9222 Lackland</u>	

(Licensed Embalmer's Statement on Reverse Side) Overland 14, 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 *Al C Ostmann*.....

Licensed Embalmer No. *347*.....

P. O. Address

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.