

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002568
STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 910 Primary Registration District No. 3058 Registrar's No. 27

300
1-57

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital		Length of stay in lb 3 hrs	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Marvin Middle W Last Erwin			4. DATE OF DEATH Month Jan. Day 31 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29 1927
9. AGE (In years 31 birthday)		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Aircraft	11. BIRTHPLACE (City and state or country) Strawberry Ark
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Elmer Erwin	
13b. MOTHER'S MAIDEN NAME Peulah Winn		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 431-52-0137	17. INFORMANT Elmer Erwin Ferguson Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Automobile Accident			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Two cars involved -			
DUE TO (c) Internal injuries			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile collision		
20c. TIME OF INJURY 3:30 a.m. 1-31-59			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. 115	20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	STATE Mo.
21. I attended the deceased from xxxxxxheld inquest to 2/5/59 and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marie Margaret Corn</i>		22b. ADDRESS <i>Wentzville Mo</i>	22c. DATE SIGNED <i>Feb 5, 1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 5 1959	23c. NAME OF CEMETERY OR CREMATORY Lancaster Cemetary	23d. LOCATION (City, town, or county) (State) Eatesville Ark
24. FUNERAL DIRECTOR Arthur C Laue St Charles Mo.		25. DATE RECD. BY LOCAL REG. Feb 1, 1959	26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 10 1959

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Embalmer - David C. Bane
#5060

Residence - St. Charles, Mo.