

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9734** -61-038520 STATE FILE NUMBER

FILED NOV 8 1961

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b **7 DAYS**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **MISSOURI BAPTIST HOSP** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY **ST. CHARLES**
 c. CITY OR TOWN **ST. CHARLES** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **RT 3 BOX 61** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ALMA MARGUERITE ERMELING **OCT 20 1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **JUN 30 '88** 9. AGE (last birthday) **73** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWORK** 10b. KIND OF BUSINESS OR INDUSTRY **IN OWN HOME** 11. BIRTHPLACE (City and state or country) **ST. CHARLES Co Mo** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **HERMANN D. ERMELING** 13b. MOTHER'S MAIDEN NAME **MATHILDA WILKE** 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) **No** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **HULDA ERMELING** Address **ST. CHARLES 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) **FEMORAL HERNIA, LEFT, WITH STRANGULATION (front)**
 OF SMALL BOWEL:
 (b) **PLEURAL EFFUSION, RIGHT, DUE TO METASTATIC CARCINOMA OF BREAST:**
 DUE TO (c) **CARCINOMA OF BREAST, RIGHT, 9YRS. FROM ONSET:**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **5611H**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH **8 days**

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1952**, to **10-20-61** and last saw her/him alive on **10-20-61**. Death occurred at **7:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **C. S. Sherwin** (Name or title) 22b. ADDRESS **1660 MARYLAND AVE., ST. LOUIS, MO.** 22c. DATE SIGNED **10-21-61**
CHARLES S. SHERWIN, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL.** 23b. DATE **10/21/61** 23c. NAME OF CEMETERY OR CREMATORY **Archard Farm Cem.** 23d. LOCATION (City, town, or county) (State) **Archard Farm Mo**

24. FUNERAL DIRECTOR ADDRESS **L. Prineas - 240 N. Kinship St. Charles, Mo** 25. DATE RECD. BY LOCAL REG. **oct 21 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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 Frederic W. Beane

Licensed Embalmer No. 4607

P. O. Address St. Charles

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.