

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3903

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOHNS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME AGNES R. ERWIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife ARTHUR ERWIN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT. 30 1894  
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MO (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name PATRICK MARTIN  
13. Birthplace IRELAND (City, town, or county) (State or foreign country)  
14. Maiden name ANN MERGHER  
15. Birthplace IOWA (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Martin  
(b) Address 6636 San Bonita Ave.  
17. (a) REMOVAL (b) Date thereof MAY 3-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MONETT MO

18. (a) Signature of funeral director L. Muller and Co  
(b) Address 516 S. Delaware St.

19. (a) MAY 2 1945 (Date received local Registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS  
(c) City or town RICHMOND HEIGHTS 9th  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6636 SAN BONITA HWY ENR.  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1st year 1945 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1935, to \_\_\_\_\_, 1945.  
that I last saw him EP. alive on \_\_\_\_\_, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage  
Due to Hypertensive Trace Disease  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 83  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredeck (M. D. or other) \_\_\_\_\_  
Address Wendell St. Bldg. Date signed 5-2-45

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

20  
7  
9

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *H. G. Harris*.....

Licensed Embalmer No. *3384*.....

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 this body is not embalmed, fact should be so stated above.**