

Registration District No. **7 5 5** / Primary Registration District No. **2278**

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>Louisville</u> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) <u>74</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u> (If not in hospital or institution, give street address or location)		e. CITY OR TOWN <u>Louisville</u> IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. STREET ADDRESS <u>1377 Bardotown Road</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <u>Henry N. Erickson</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <u>Dec 13 64</u> (Month) (Day) (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov 11 1907</u>
9. AGE (In years last birthday) <u>57</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Stockroom</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	
13. FATHER'S NAME <u>Henning Erickson</u>		14. MOTHER'S MAIDEN NAME <u>Teckla Pearson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>404-05-4780</u>		17. INFORMANT <u>Hilda Swanson (sister)</u>

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u> <u>7 days</u>
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. <u>309X</u>		
DUE TO (b) <u>Pneumonia</u>		
DUE TO (c) <u>Distal Tremors</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Alcoholism</u>		
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour Month, Day, Year		21c. CITY, TOWN, OR LOCATION COUNTY STATE
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

22. I hereby certify that I attended the deceased from 3 Dec 1964 to 13/Dec 1964, that I last saw the deceased alive on 13/Dec 1964, and that death occurred at 9¹⁵ m., from the causes and on the date stated above.

23a. DATE SIGNED <u>17/Dec/64</u>	23b. ADDRESS <u>Lawrence & G. Co.</u>	23c. SIGNATURE <u>Lawrence & G. Co.</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-16-64</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glen Oak</u>
25a. DATE REC'D BY <u>DEC 22 1964</u>	25b. REGISTRAR'S SIGNATURE <u>Harold C. Kilsan</u>	24d. LOCATION (City, town, or county) (State) <u>Maywood, Illinois</u>
25c. FUNERAL DIRECTOR <u>Alt-Benson F. H.</u>		ADDRESS <u>3224 W. Montrose</u>