

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16314

1. PLACE OF DEATH

County.....
 Township.....
 City..... *St. Louis*

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. *5322*, *Emright*)

File No.....
 Registered No. **44189**
 St. Ward)

2. FULL NAME

(a) Residence. No. St. *12* Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Adelaide Emery*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 26 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired Farmer*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *England*

10. NAME OF FATHER

Alfred Emery

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *England*

12. MAIDEN NAME OF MOTHER

Emma Cliff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *England*

14.

INFORMANT *Mrs Adelaide Emery*
 (Address) *5322 Emright av*

15.

MAY -3 1927
 FILED *May 6 1927*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/2/27*
 17.

I HEREBY CERTIFY, That I attended deceased from *10/11/26*, 19... to *5/2/27*, 19... that I last saw him... alive on *5/2/27*, 19... and that death occurred, on the date stated above, at *1045P*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
44B
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? *No*
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *Sam J. Barrett, M. D.*

5/3, 1927 (Address) *5427 Delmar*
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary* DATE OF BURIAL *5-5 1927*

20. UNDERTAKER *Arthur J. Wonnely* ADDRESS *2039 Park St*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EMERGENCY RECORD

REGISTER

Wm Bassett

5427 Delmar

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