

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

Do not use this space.

37630

1. PLACE OF DEATH

County St Charles Registration District No. 757
 Township _____ Primary Registration District No. 3036
 City St Charles (No. St Josephs Hospital) St. _____ Ward _____

File No. _____
 Registered No. 197

FULL NAME

Howard Joseph Emmons
 (a) Residence, No. 2763 Delmar Blvd, St. _____ Ward. St Charles Mo
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
6 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deland Fla.

13. NAME Ben Emmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

15. MAIDEN NAME Alvict Kafar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT Ben Emmons (ADDRESS) 2763 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Burial Home DATE Nov 15, 1933

19. UNDERTAKER W. J. ... (ADDRESS) 800 W. 2nd St St Charles Mo

20. FILED 11/15/33, 19 6:00 pm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1933, to November 14, 1933

I last saw him alive on November 14, 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Brain abscess
78 a
Congenital heart lesion

Date of onset 2 weeks ago

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Ben L. Neubeiser, M. D.

(Address) St Charles, Mo

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 4 1934

