

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.

DEC 26 1935

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

Do not use this space.

36059
4282

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Russ Primary Registration District No. _____
City Springfield (No. 1216) Bensington St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Phillip E. Embleau
(a) Residence, No. 1216 Bensington St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Satherine Long Embleau
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker
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) Canada

13. NAME Joseph Embleau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME Josephine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Mrs. (Phillip Embleau) (ADDRESS) 1216 Bensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Maus. DATE 11-13 1935

19. UNDERTAKER Theil Funeral Home (ADDRESS) 6006 Independence

20. FILED Nov 10 1935 M. M. Conroy, Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1935
22. I HEREBY CERTIFY That I attended deceased from 10-18-35 to 11-10-35 1935
I last saw him alive on 11-10-35 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
946
Other contributory causes of importance: Bronchial Asthma

Name of operation _____ Date of _____
What test confirmed diagnosis? Stiff fingers (Specify) (Date) (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) H. N. Parnell M. D.
(Address) 1034 Chilton

223-604