CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIAN'S should state

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

MAY 31 1937

Do not use this space.

File No. 17617

Registered No. 172

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123

Township: — Primary Registration District No. 6248B

City: Jefferson Barracks, (No. Veterans Administration Facility Ward)

2. FULL NAME: Harry H. EMIG

(a) Residence, No. 3201 Potomac Ave., St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Hazel Emig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 4, 1893

7. AGE: Years 44 — Months 3 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

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): Fowler, Indiana.

FATHER

13. NAME: Jacob Emig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Pennsylvania.

MOTHER

15. MAIDEN NAME: Carrie Henson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fowler, Indiana.

17. INFORMANT (ADDRESS): Clinical Clerk M. Schilling, VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fowler, Ind. DATE: April 24, 1937

19. UNDERTAKER (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED: April 22, 1937 — G. Mowry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937, to April 21, 1937

I last saw him alive on April 21, 1937. Death is said to have occurred on the date stated above, at 12:19P.

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

	Date of onset
Nephritis, chronic with uremia and marked retention of nitrogen.	Unkn.
Arteriosclerosis, peripheral.	Unkn.
Hypertension, severe.	Unkn.

Other contributory causes of importance:

V.H.D. Mitral Insufficiency	Unkn.
Atheroma aorta and coronary vessels	Unkn.
Moderate Hypertrophy of heart.	Unkn.

Name of operation: None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory Was there an autopsy? YES

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?

If so, specify

(Signed) C.W.HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.