

DEC 13 1937

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

39756
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4247 Laclede** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **22** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lucy Elizabeth Emrich**

(a) Residence, No. **4247 Laclede** St. **19**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **David Emrich**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4, 1862**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Relfe**
(STATE OR COUNTRY) **Missouri**

13. NAME **Jerome Ledgerwood**
14. BIRTHPLACE (CITY OR TOWN) **Madison**
(STATE OR COUNTRY) **Indiana**

15. MAIDEN NAME **Mary Ellen Anthony**
16. BIRTHPLACE (CITY OR TOWN) **Anthony Mills**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Joseph R Ledgerwood**
(ADDRESS) **4247 Laclede**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Valhalla Cem** DATE **11/22/37**

19. FUNERAL DIRECTOR **Allen W. McLaughlin**
(ADDRESS) **230Y Lafayette Ave.**

20. FILED **NOV 26 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 19** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Aug** 1933, to **Nov 19** 1937
I last saw **her** alive on **Nov 16** 1937. Death is said to have occurred on the date stated above, at **2 P.** m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis
Arteriosclerosis
Other contributory causes of importance: **1/21**

Date of onset **1 yr**
6 mi
5 ft

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 **Whitcomb Hall** M. D.
(Signed) **Whitcomb Hall**
(Address) **1625 Lower Grand**

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

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.

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STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ML

L. E.

No. _____ or by _____, Registered Apprentice No. ~~3633~~
working under my personal supervision.

Signed L. R. Cooper
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)