

JAN 10 1938

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

43814
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 2**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **4532 Pennsylvania Avenue** Registered No. **12064**
(e) Length of residence in city or town where death occurred **2** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Henry Emory**

(a) Residence, No. **4532 Pennsylvania Avenue** St. **15**
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Emory**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 21st, 1859**

7. AGE YEARS **78** MONTHS **1** DAYS **7** If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
9. Industry or business in which work was done, as saw mill, bank, etc. **(Retired)**
10. Date deceased last worked at this occupation (month and year) **1938** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Marion County, Missouri**

13. NAME **John Emory**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**

15. MAIDEN NAME **Virginia Hankins** *LUCINDA HAWKINS*

16. BIRTHPLACE (CITY OR TOWN) **Unknown**

17. INFORMANT **Alfred Emory**
(ADDRESS) **Kirkwood, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Kirkwood, Marion County, Mo.** DATE **December 30, 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **DEC 29 1937** *J. Bredeck*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 28th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 21, 1937, to Dec. 28, 1937.**

I last saw him alive on **Dec. 28, 1937** Death is said to have occurred on the date stated above, at **7:00 P.M.**

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

Broncho-pneumonia
2. 2.
5. In Myocarditis
Sensitivity.

Other contributory causes of importance:
5. In Myocarditis
Sensitivity.

Name of operation **None** 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 **None**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No.**
If so, specify _____

(Signed) **Ralph Thompson**, M. D.
(Address) **3606 Gravois**

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.

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson, Licensed Embalmer No. 3575

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Guy W Wilkinson
Licensed Embalmer No. 3575

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.)