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.

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH St Johns Hospital
County ..... Registration District No. 1003 (791)
Township ..... Primary Registration District No. .....
City St Louis Mo (No. 1 ..... St. ..... Ward)

File No. 16240
Registered No. 4101

2. FULL NAME Dean Emge
(a) Residence, No. 4258 DeSoto St Louis Mo Ward 15 (520)
(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: M
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: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1932
7. AGE: YEARS 5 | MONTHS 6 | DAYS 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St Louis Mo

FATHER
13. NAME Russel Emge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Paul Mo

MOTHER
15. MAIDEN NAME Dixon, Marie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fallon Mo

17. INFORMANT (ADDRESS) Russell Emge 4258 Delor
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE St Charles DATE 5-5 1938
19. UNDERTAKER (ADDRESS) E A Kettly Fallon Mo
20. FILED ..... 19 J F Bredeck Registrar.
MAY - 3 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 4/28 1938, to 5-3 1938
I last saw him alive on 5-2 1938. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix | 1 day |
| Other contributory causes of importance: | |
| 1. Peritonitis general | 1 day |
| 2. Atelis medica suffocative (disease) | |

Name of operation Appendectomy Date of 5-2-38
What test confirmed diagnosis? Blood Cont. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? no
(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 none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Burroughs M. D.
(Address) 4755 Morganford Rd St Louis Mo

609 Humboldt
Grand & Dunlington Bld

Hoppe sending down
Em bl

Mr Parsons Bros.