REC'D SEP 12 1938

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

27102
Do not use this space.

2
1

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 7116

(c) City Saint Louis (d) Street No. 4211 W. Kennerly 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 76 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Lemons 552

(a) Residence, No. 4211W Kennerly St. [11]
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Isaac Lemons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January - 1862

7. AGE: About 76 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis Missouri

FATHER
13. NAME: James Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Kentucky

MOTHER
15. MAIDEN NAME: Nellie Barrett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Kentucky

17. INFORMANT (ADDRESS): Allen Buckner 4211 W. Kennerly Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 10-12-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Charles J. Bates 4107 Finney Avenue

20. FILED AUG 11 1938 J. B. Biedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

~~No attending physician~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.45 AM

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

	Date of onset
Chronic Myocarditis;	
Chronic Interstitial Nephritis.	

Other contributory causes of importance: 131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 See above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred J. Perry, M. D.

(Address) 1300 Clark Avenue Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

James A. Johnson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

If this body is not embalmed, above space should be left blank.