

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

30949  
Do not use this space.

REC'D OCT 12 1938

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City..... **St. Louis**  
 (d) Street No. **916 Lynch 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**791**

**1003**

Registered No. **8386**

**2. PRINT FULL NAME**

**Emma Luly**  
 (a) Residence, No. **916 Lynch St.** St. **27**  
 (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 **Jacob Luly**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 28th. 1859.**  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**78 11 27**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**  
 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

12. BIRTHPLACE (CITY OR TOWN) **Alton**  
 (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **James**  
 14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Jacob Luly**  
**916 Lynch St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Old S. S. Peter-Paul, Sept. 26th. 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker-Helderle**  
**2331 S. Broadway**

20. FILED **SEP 26 1938**  
**J. T. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 24th. 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 9, 1938** to **Sept 22, 1938**  
 I last saw her alive on **Sept 22, 1938** Death is said to have occurred on the date stated above, at **7.50 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Cerebral Hemorrhage** Date of onset **9/18/38**  
**Arteriosclerosis with a chronic myocarditis**

Other contributory causes of importance:  
 Name of operation **NONE** 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? **No**  
 If so, specify **Joseph E. Dool**, M. D.  
 (address) **2350 So 9th St**  
**Luly**

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, .....

*Frank J. Nyland*

....., or by .....

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

Signed.....

*Frank J. Nyland*

Licensed Embalmer No. ....

*2645*

P. O. Address .....

*St. Louis Mo*

**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.)**

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