

11 1938
 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.

MISSOURI STATE BOARD OF HEALTH

RECORDED OCT 6 1938

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

33340
 Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784
 (b) Township JEFFERSON Primary Registration District No. 117 Registered No. 1486
 (c) City WEBSTER GROVES (d) Street No. 735 EAST BIG BEND 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 52 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMA FRANK STANAGE 352

(a) Residence, No. 735 EAST BIG BEND RD. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN L. STANAGE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27-1880

7. AGE YEARS 58 MONTHS - DAYS 13 If LESS than 1 day, hrs. or min.

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) Cincinnati (STATE OR COUNTRY) Ohio

FATHER 13. NAME Augustus Frank

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margareta Rupp

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Breaks H. Stanage (ADDRESS) 735 E. Big Bend Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE Cincinnati Ohio DATE Sept 13 1938

19. FUNERAL DIRECTOR Parker Land Co (ADDRESS) Webster Groves Mo

20. FILED SEP 11 1938 1938 J. R. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15 1938, to Sept 9th 1938
 I last saw her alive on Sept 9th 1938. Death is said to have occurred on the date stated above, at 7:35 am.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis
myocarditis, chronic

Date of onset

Other contributory causes of importance: 930

Name of operation none Date of 20

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury Sept 9 1938
 Where did injury occur? Home (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 W. Alphonse Smith, M.D. (Signed) Webster Groves (Address)

STATEMENT BY LICENSED EMBALMER

Carin B. Lang

Licensed Embalmer No. *1381*

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

L. E.

No.....or by.....
working under my personal supervision.

Registered Apprentice No.

Signed *Carin B. Lang*

Licensed Embalmer No. *1381*

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.)