

188 NOV 16 1938

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

33662

Do not use this space.

791

1903

8648

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township St. Louis Primary Registration District No.....
(c) City St. Louis (d) Street No. Missouri Baptist Hospital St. Registered No.
(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.

2. PRINT FULL NAME

(a) Residence, No. 534 Newstead St. 19 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Wk. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1938, to Oct 2 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1935

I last saw h.e. alive on Oct 2 1938. Death is said to have occurred on the date stated above, at 5:25 p.m.

7. AGE YEARS 3 MONTHS 1 DAYS 26 If LESS than 1 day,hrs. ormin.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
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

Acute enteritis cause unknown - no food poisoning
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

Other contributory causes of importance: 120

13. NAME Roland C. Emmert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galder New Mexico

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

15. MAIDEN NAME Edith Louise Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

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.

17. INFORMANT (ADDRESS) Roland C. Emmert 534 Newstead

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION; OR REMOVAL Independence Mo Oct 7 '38

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify J. Wistar White, M. D.
(Signed)..... (Address) 5416 Maple

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. T. Stuart 1225 Union Blvd.

20. FILE OCT 3 1938 J. Bredeck Local Registrar.

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Bernard G. Stuart

Licensed Embalmer No.

3500

P. O. Address

5318 Bartme

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.