

NOV 16 1938

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

34355

Do not use this space.

1. PLACE OF DEATH

(a) County 2nd & Bitter 3 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008
 (c) City 3rd & Bitter (d) Street No. 9341 Registered No. 9341
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emmer G. Lemcke

(a) Residence, No. 5027 Page Ave. St. 6 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 3 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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) (STATE OR COUNTRY) Chesterfield Mo.

FATHER 13. NAME William Lemcke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield Mo.

MOTHER 15. MAIDEN NAME Augusta Brierbaven

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield Mo.

17. INFORMANT (ADDRESS) Buelah Lemcke
5027 Page

18. BURIAL, CREMATION, OR REMOVAL PLACE E.M. Lawn Cem DATE Saturday 22.1938

19. FUNERAL DIRECTOR (ADDRESS) Neek & Dickman
3039 Easton

20. FILED OCT 27 1938 J. Bredeck
 Local Registrar

No other contributory causes of death
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 25 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 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Primary Thromboses
 Other contributory causes of importance:
g4b
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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 _____
 (Signed) Thos. Steffy _____, M. D.
 (Address) _____

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, John Fetter....., Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3880

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.)