

1938 JAN 5 1938

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

44369  
Do not use this space.

1. PLACE OF DEATH *St. Francois*  
 (a) County *St. Francois* Registration District No. *771*  
 (b) Township *St. Francois* Primary Registration District No. *4462*  
 (c) City *St. Francois* (d) Street No. \_\_\_\_\_  
 (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.  
 51 3/4  
 2. PRINT FULL NAME *William Embodm.*  
 (a) Residence, No. \_\_\_\_\_ 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 *Male* 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 *Lela Embodm.*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 30 - 1893*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*65 5 -*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *W.P.A. worker*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Struck work*  
 10. Date deceased last worked at this occupation (month and year) *Dec. 30 - 1938* 11. Total time (years) spent in this occupation *2 yrs*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Caledonia Mo*  
 FATHER 13. NAME *Dabney Embodm.*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Caledonia Mo*  
 MOTHER 15. MAIDEN NAME *Melvinia Taylor*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Caledonia Mo*  
 17. INFORMANT (ADDRESS) *Wm. Embodm Bismarck Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Bismarck Mo* DATE *Jan 1 - 1938*  
 19. FUNERAL DIRECTOR (ADDRESS) *White & Hill Bismarck Mo*  
 20. FILED *Dec. 31 - 1938* *J.H. Gale Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 30 - 1938*  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
*Coronary artery aneurysm*  
*Coronary Thrombosis*  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: *94A-*  
 Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) *Joe Diemer* *Coroner* M. D.  
*Blair Mo. 4*  
 696

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.

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, 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. \_\_\_\_\_

**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.)**