

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 17 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23583  
5856  
Registrar's No. \_\_\_\_\_

Registration District No. 1009 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST LOUIS  
(c) Name of hospital or institution: 5408 So. BROADWAY  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME HELEN C. EMERY 560  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPT 24 1868

8. AGE: Years 75 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace FRANKFURT ILL ILL.

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name UNKNOWN

13. Birthplace UNKNOWN

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN

16. (a) Informant's own signature John Host

(b) Address 5408 So. BROADWAY.

17. (a) Cremation (b) Date thereof July 3-39

(c) Place: burial or cremation MO Cremation

18. (a) Signature of funeral director Jos. P. Pender, Jr.

(b) Address 7025 MICHIGAN, AV.

19. (a) JUL 2, 1939 (b) J. F. Budick

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST LOUIS  
(d) Street No. 5408 So BROADWAY.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 30  
year 1939 hour 5 30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from March 15  
1935 to June 30 1939;  
that I last saw her alive on June 29 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension arteriosclerosis  
Chronic nephritis

Due to \_\_\_\_\_  
Other conditions Chronic nephritis

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: none  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Max Studloff (M. D. or other) \_\_\_\_\_  
Address 515 9th Place Date signed \_\_\_\_\_

Duration 1 day  
? 3  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

**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 *J. P. Fendley - Jr.*

Licensed Embalmer No. *925*

P. O. Address *St. Louis*

**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.**