

1939 SEP 14 1939 **791**
Registration District No. **1008**

Primary Registration District No. _____ Registrar's No. **6793**

1. PLACE OF DEATH:
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6633 Virginia ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Emma McNamee 255
3. (b) If veteran, name war No 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 William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 21 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
12. Name Antoine Lobsinger
13. Birthplace Alcege-Lorraine
(City, town or county) (State or foreign country)
14. Maiden name Margaret Avergers
15. Birthplace Germany
(City, town or county) (State or foreign country)

16. (a) Informant's own signature W.F. McNamee
(b) Address 6633 Virginia ave.

17. (a) Burial (b) Date thereof August 5, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 S. Broadway

19. (a) AUG 4 1939 (b) J.F. Beedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6633 Virginia ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 2
year 1939 hour 8.45 minute 2 M.

21. I hereby certify that I attended the deceased from May 24
_____ 1939 to Aug 2nd 1939
that I last saw her alive on Aug 2nd 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Ch. nephritis
Diabetes mellitus

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(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 William F. McNamee (M. D. or other) _____
Address 5923 Virginia ave Date signed 8/2/39

Duration
14 days
10 years
4
PHYSICIAN
Underline the cause to which death should be charged statistically

PLEASE PRINT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1511

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..... *Edwin H. Leubinger*

Licensed Embalmer No. *4049*

P. O. Address..... *6464 Chippewa*

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.