DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31029

State File No. 8092

REC'D OCT 14 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life. (Specify whether
In this community 5800 Arsenal St.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. / (b) County St. Louis.

(c) City or town St. Louis, Mo. 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? American. years.

3. (a) PRINT FULL NAME Frank Emmenegger. 552

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Caroline Decker.

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 2, 1859
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	5	16	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation No Occupation 9

11. Industry or business x

FATHER
12. Name Frank Emmenegger. 1
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Madeline Hug.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Emmenegger Jr.
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) SEP 20 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18, year 1939. hour 1:15 minute a. M.

21. I hereby certify that I attended the deceased from March 16, 1939, to September 18, 1939; that I last saw him alive on September 18, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia Bronchial	
Due to Chronic Myocarditis	
Due to Senile Dementia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93c	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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

23. Signature E. J. Prem (M. D. or other)
Address 5800 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

SOM-5-17-39 Rev. 5-17-39 I X19511

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 Alvin H. Leibinger

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.