

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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

33444

State File No. _____

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 1627

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Clayton
 (c) Name of hospital or institution: St. Louis County Hospital
 (d) Length of stay: In hospital or institution 8 days
 In this community life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Vigus
 (d) Street No. McKelvey Road.
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Emanuel Townsend 525
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 9
 year 1939 hour 1 minute 00 P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 9 1924
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/1/39 to 9/9/39, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>15</u>	<u>0</u>	<u>0</u>	hr. _____ min.

Immediate cause of death: Peritonitis / 4 days
 Due to Intestinal obstruction
 Due to _____

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

Other conditions: _____
 (Include pregnancy within 3 months of death)

10. Usual occupation school
 11. Industry or business _____
 12. Name Furlum Townsend
 13. Birthplace Mo.
 14. Maiden name Nora Kates
 15. Birthplace Mo.

Major findings: Of operations acute intestinal obstruction
 Of autopsy Generalized peritonitis
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Furlum Townsend
 (b) Address Vigus Mo

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 9/12/39
 (c) Place: burial or cremation Lee Lee Cemetery

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

18. (a) Signature of funeral director Baumann Brothers
 (b) Address 2504 Woodway St. Overland Mo.
 19. (a) SEP 12 1939 (b) K. Meyer
 (Date received local Registrar) (Registrar's signature)

23. Signature Maurice S. Murphy (M. D. or other) M. D.
 Address St. Louis County Hospital Date signed 9-11-39

1222

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH CARE REGULATION
EMBALMERS
1987

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.....
Licensed Embalmer No.....

P. O. Address.....

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.

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

Do not use this space. 7

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township

Primary Registration District No. 101-

City Clayton

(No. St. L. Co. Hosp.)

File No. 32444

Registered No. 1627

St. Ward)

2. FULL NAME

Emanuel Townsend

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1924

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..... m.

The principal cause of death and related causes of importance were as follows:

Peritonitis
Intestinal obstruction
Cholera form and symptoms
Appendicitis absent

Date of onset

Other contributory causes of importance:

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 Maurice D. Murphy M. D.

(Signed) Ph. L. Co. Hosp. (Address)

N. B.—Every item of information should be carefully supplied. Accuracy should be stated EXACTLY. PH. ST. VANS should state CAUSE OF DEATH in plain terms, so that it may be fully ascertained. Exact statement of OCCUPATION is very important.

EMERITARY

