DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37757

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 9596

1. PLACE OF DEATH:

(a) County /

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

(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 115 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County /

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

(d) Street No. 939 Cornell, Webster Groves, Missouri
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Mendus 532

3. (b) If veteran, name war /

3. (c) Social Security No. /

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband ~~or wife~~ John Mendus

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
abt	62	✓	✓	hr. min.

9. Birthplace Jackson Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Domestic /

11. Industry or business /

FATHER
12. Name William Bledsoe /
13. Birthplace ? Tenn. (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature William Bledsoe
(b) Address 921 Cornell

17. (a) Father Dickson (Burial, ~~cremation, or removal~~) (b) Date thereof 11 11 39 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. C. Lewis
(b) Address 22 Euclid Webster Groves

19. (a) NOV 10 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1939 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-18-, 1939 to 11-9-, 1939
that I last saw her alive on 11-9-, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease with Decompensation	About 8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 H. J. Lyman (M. D. or other)
Address 2601 N. Whittier St. Date signed 11-9-39

(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.

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NOV 1 3 1941

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. C. Lewis

Licensed Embalmer No. 2027

P. O. Address 27 Euclid Webster Groves

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.