DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41174

JAN 12 1940
Registration District No. 108

Primary Registration District No.

Registrar's No. 10297

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. PLACE OF DEATH:
(a) County 108
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4023 Greer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 69 yrs.

2. USUAL RESIDENCE OF DEASCED: 1
(a) State Missouri (b) County
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4023 Greer Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Otto Emmendorfer 553

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. None

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Mathilda Emmendorfer

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Feby. (Month) 25th. (Day) 1870 (Year)

8. AGE: Years 69 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired Clerk

11. Industry or business

FATHER
12. Name Frank Emmendorfer
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mathilda Emmendorfer
(b) Address 4023 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-39 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Provost Und Co
(b) Address 3710 N. Grand Blvd.

19. (a) DEC 1 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th. year 1939 hour 1.40 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 23, 39, 19..., to Nov 30, 19 39, that I last saw him alive on Nov 28, 19 39 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	Few minutes
Due to Arteriosclerosis	4 yrs
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 M. Jones (M. D.)
Address 4500 Olive St Date signed Dec 1, 39

(Licensed Embalmer's Statement on Reverse Side)

W. E. Jones
Later Bldg
2-4

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 Me, Registered Apprentice No. working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.