

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.

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(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:  
St. Anthony's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether \_\_\_\_\_)  
In this community Life.  
years, months or days

3. (a) PRINT FULL NAME Emma Juelg  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
7. Birth date of deceased March 16th, 1866.  
(Month) (Day) (Year)  
6. (b) Name of husband or wife Herman A. 6. (c) Age of husband or wife if alive 72 years

8. AGE: Years 73 Months 11 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Not known  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herman Juelg  
(b) Address 5254 Itaska

17. (a) Burial (b) Date thereof Mar 12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John S. Ziegenhain  
(b) Address 7027 Gravois Ave.

19. (a) MAR 12 1940 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5254 Itaska St. 14  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Life. years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 9th  
year 1940 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from March 7, 1940 to March 9, 1940  
that I last saw her alive on March 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 3 days  
Due to renal hemorrhage?

Other conditions Biliary Emphysema  
(Include pregnancy within 3 months of death)  
Major findings: gaugrenous small bowel  
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) None  
(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 W. A. Bunsen (M. D. or other) \_\_\_\_\_  
Address 4755 Myriad Date signed 3/10/40

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**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..... *G. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address. *6937<sup>a</sup> Gravois* .....

**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.**