

No. 2
1-10-39
17-50
X1149

JUN 15 1940 791

State File No. _____

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 4347

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Emma Amelia Fox 2nd

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 2 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 12 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Brehe

13. Birthplace Drake Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Buschman

15. Birthplace Bay Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Brehe

(b) Address 443 E. Argonne

17. (a) Removal (b) Date thereof 5-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay, Missouri.

18. (a) Signature of funeral director Albert H. Hoppé.

(b) Address 4700 Washington Ave.

19. (a) MAY 15 1940 (b) J. F. Buddek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 5450 N. Union Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1940 hour 6 P.M. minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 8
1940 to May 9 1940
that I last saw her alive on May 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death infection (acute) Duration _____

Due to Post Operative for intestinal obstruction caused

Due to by use of cathartics

Other conditions. 12 26
(Include pregnancy within 3 months of death)

Major findings: gangrenous allium
Of operations causing obstruction
Of autopsy not done

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? _____

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

23. Signature Ch Washenfeld (M. D. or other)

Address 428 8th Street St. Louis Mo Date signed 5/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. G. Sullivan

Licensed Embalmer No. *1122*

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.