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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 5 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18791

State File No.

Registration District No. 423 Primary Registration District No. 5578 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jefferson Thanks Inc

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

(c) Name of hospital or institution:
Kimmswick, Route 1
(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 ~~2 Weeks~~ Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Kimmswick Route 1
(If outside city or town limits, write "RURAL")

(d) Street No. Arnold, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Phillipp Ems, Sr. 520

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased March (Month) 4 (Day) 1849 (Year)

8. AGE: Years 91 Months 2 Days 18 If less than one day -- hr. -- min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation retired Blacksmith 6

11. Industry or business none

FATHER
12. Name George Ems
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

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

16. (a) Informant Lena Kohs
(b) Address Kimmswick, Mo., Route 1

17. (a) bur ial (Burial, cremation, or removal) (b) Date thereof May 25/40 (Month) (Day) (Year)
(c) Place: burial or cremation Maxville, Mo.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) May 25 1940 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from May 14 1940, 19 to May 22 1940, 19 that I last saw him alive on 5-22-1940, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (Rt Lower) — Duration

Due to

Due to 18

Other conditions Senility
(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 O. J. Reich M.D. (M. D. or other)
Address Kimmswick Mo Date signed 5/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 Chris J. Fendler, Registered Apprentice No. 186 working under my personal supervision.

Signed: Wilson Collins

Licensed Embalmer No. 3887

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.