

Registration District No. 1559

Primary Registration District No. 3036

Registrar's No. 116

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1201 N. Fifth St.
(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 550

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 N. Fifth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Anna E. Emmons

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Benjamin L. Emmons 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 17 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Delia Mudd
13. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hiskpatrick
15. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hust Emmons
(b) Address 1201 N. 5th, St. Charles, Mo.
17. (a) Burial (b) Date thereof June 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Burial Cemetery

18. (a) Signature of funeral director H. C. Bellmeyer & Sons Co.
(b) Address 800 N. Second, St. Charles, Mo.
19. (a) 7/21/40 (b) Clarence H. Nessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1940 hour 9 minute A M.

21. I hereby certify that I attended the deceased from October 1
to June 21, 1940
that I last saw her alive on June 20, 1940
and that death occurred on the day and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Senile arteriosclerosis

Due to _____

Other conditions \$ 2.00
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____ (f) Means of injury _____
23. Signature E. J. Lantry, M.D. (M. D. or other) _____
Address St. Charles, Mo. Date signed 6-26-40

Duration

6 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
10-39
-39
21492

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.....

Joseph Dandolt, Registered Apprentice No. 243
working under my personal supervision.

Signed John B. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles Mo

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.