

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6985

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 6903 Manchester
(d) Length of stay: In hospital or institution nfl
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 6903 Manchester
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Emma Agnes LaCari 260

3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William A. LaCari 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 10, 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Red Bud, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Germany
14. Maiden name Eliza Hogrewe
15. Birthplace Germany

16. (a) Informant E. A. LaCari
(b) Address 6903 Manchester

17. (a) Burial (b) Date thereof 7-19-1940
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) AUG 19 1940 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1940 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1
1940 to July 16 1940;
that I last saw her alive on July 15 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Sudden

Due to Endocarditis and
Valvular disease of heart

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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? _____
(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 1

23. Signature J. F. Bredenk (M. D. or other) _____
Address 4000 Chouteau av Date signed July 18 1940

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

9909

6066

9909

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.P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.