

4-13-40
5-17-39
X23

APR 9 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 673

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 hr. 35 min.
 In this community life
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: 96
 (a) State Mo. (b) County St. Louis
 (c) City or town Elmwood Park
 (If outside city or town limits, write "RURAL")
 (d) Street No. Roberts and Elmwood Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME William Emery

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

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Oct. 15 1934
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>6</u>	<u>5</u>	<u>10</u>	hr. _____ min.

9. Birthplace Elmwood Park Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business _____

12. Name Harter Emery

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

14. Maiden name Ella Hiel

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

16. (a) Informant Harter Emery

(b) Address Elmwood Park

17. (a) Miscelene (b) Date thereof 3-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miscelene

18. (a) Signature of funeral director J. J. ...

(b) Address 270 ...

19. (a) MAR 28 1941 (b) J. R. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 25
year 1941 hour 5 minutes 30 A. M.

21. I hereby certify that I attended the deceased from 3-24-41
1941, to 3-25-41, 1941;
that I last saw him alive on 3-25-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. hemorrhagic nephritis
Duration 48 h

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Congested, swollen kidneys & fatty deg. of liver

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) (a) Means of injury _____

23. Signature J. J. ... (M. D. or other) 11
Address ... Date signed 3/26/41

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

MOTHER FATHER

120

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. Chervio
Licensed Embalmer No. 2027
P. O. Address 22 Euclid Street

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11937

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No.

Primary Registration District No.

Registrar's No. 673

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution St. L. Co. Hosp
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

William Emery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race B

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

6

5

10

hr.

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or remove)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3220

(Date received local registrar)

(b) T.R. Meyer

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25 year 41
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

acute hep. arch. agut
nephritis

Due to primary in nature -

no previous history of any

Due to ill. symptoms

cause is unknown

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy congested swollen kidneys
fatty organ. of liver

If death was due to external cause, fill in the following: fract. femur
pelvis

(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 W. Foreman (M. D. or other) _____

Address 3220 Date signed _____

SUPPLEMENTAL

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

MOTHER }
FATHER }

Duration
PHYSICIAN
Underline the cause to which death would be charged statistically.

