

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12920**

791

1003

Registrar's No. **3350**

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(c) Name of hospital or institution:  
**4120 Blaine Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Amanda Jane Emory**

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 **Widowed**

6. (b) Name of husband or wife **Thomas** 6. (c) Age of husband or wife if alive **1867** years

7. Birth date of deceased **May 10 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 11 5** hr. min.

9. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **William Crabeison**

13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Grave**

15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alec Emory**

(b) Address **4120 Blaine Ave.**

17. (a) **Removal** (b) Date thereof **4/17/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **APR 17 1941** (b) **J. F. Brudich**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dent**  
(c) City or town **Salem**  
(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.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**  
year **1941** hour **6** minute **15** P. M.

21. I hereby certify that I attended the deceased from **March 5**, 1941, to **April 15**, 1941;  
that I last saw her alive on **April 15**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**  
Due to.....  
Due to.....

Other conditions (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?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature **J. F. Brudich** (M. D. or other) **MD**  
Address **1446 S. Emerald** Date signed **April 17 1941**

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

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7  
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**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.....

*Robert G. Hoffe*

Licensed Embalmer No. 2971

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, fact should be so stated above.**