

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1937 Mitchell Place
(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 **4 years**

3. (a) PRINT FULL NAME **EMMA L. ENGHOLM**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **September 25 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **27** If less than one day _____
hr. min.

9. Birthplace **New Orleans, La**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Fred Evans**

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

14. Maiden name **Maxwell**

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

16. (a) Informant **Mr. Will D. Richardson**

(b) Address **1937 Mitchell Place**

17. (a) **burial** (b) Date thereof **10/23/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Alexander & Sons Inc**

(b) Address **6175 Delmar Blvd**

19. (a) **OCT 22 1941** (b) **J. J. Bedeck**
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street **1937 Mitchell Place**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22**
 year **1941** hour **4** minute **0** M.

21. I hereby certify that I attended the deceased from **Oct 23** to **Oct 23** 19**41**
 that I last saw her alive on **Oct 24** 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Hepatitis (chronic)

Duration **4 wks**

Due to _____

Due to _____

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

Major findings: **131**
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Walter H. Johnson** (M. D. or other) **MD**

Address **706 Century Bldg** Date signed **10/25/41**

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

26390

Mr. Emberson
Cent. Bldg - until 5.

MAY 10 1956

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.....

Raymond L. Morris

Registered Apprentice No. *290*

working under my personal supervision.

Signed *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6755 Pellmo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.