

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3550, 1

State File No.

FILED FEB 2 1942

Primary Registration District No. 101

Registrar's No. 178

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 1 mon. 21 days
In this community 1 mon. 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(d) Street No. 1405 Ferguson Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Emmett Imboden

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Florence Matthews 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 19 1865

8. AGE: Years 76 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Bellevue Mo.

10. Usual occupation nil

11. Industry or business

12. Name William Imboden
13. Birthplace Bellevue Mo.
14. Maiden name Unknown
15. Birthplace Unknown Mo.

16. (a) Informant Harvey Imboden
(b) Address 1405 Ferguson Ave.

17. (a) Removal (b) Date thereof 1-23-42
(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 23 1942 (b) E. G. McFarland
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1942 hour 4 minute 12 A.M.

21. I hereby certify that I attended the deceased from 12-1-41 to 1-22-42
that I last saw him alive on 1-22-42

Immediate cause of death Respiratory failure Duration

Due to Bronchopneumonia 1 week

Due to Respiratory hypertrophy chr

Other conditions aspiration pneumonia 2 weeks

Major findings: Of operations 107
Of autopsy Confirmed

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) Means of injury

23. Signature Edward Beck (M. D. or other) Address St. Louis Co. Mo. Date signed

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

76
2
3

MOTHER FATHER

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.....

Wilford H. Burnley
.....
Licensed Embalmer No. 4202

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.