

FILED MAR 17 1942 791

Registration District No.

Primary Registration District No. **1003**

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

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years**
In this community **Birth** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma Head**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William E. Head** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **June 14, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 **8** **11** hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Ferdinand Gossmann**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **William E. Head**

(b) Address **6515 Nashville Ave**

17. (a) **Burial** (b) Date thereof **2/27/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **FEB 26 1942** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **18**
(c) City or town **St. Louis** **000**
(If outside city or town limits, write "RURAL")
(d) Street No. **6515 Nashville Ave** **17**
City Sanitarium
(e) Citizen of foreign country **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **24**,
year **1942** hour **10:10 AM** minute..... M.

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

Immediate cause of death **Fracture Left Femur**
Arteriosclerosis; while convalescing
from a fractured left femur when she
was pushed by Mathilda Motz, an in-
mate, on Hall D-4, at the City
Sanitarium, about 6:10 o'clock
December 1, 1941. ACCIDENT
Due to.....

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

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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) **ACCIDENT**

(b) Date of occurrence **12-1-1941**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work..... (Specify type of place)
Means of injury.....

23. Signature **J. F. Bredbeck** (M.D. or other).....

Address..... Date signed **2/26/42**

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 William G. Buchholz

Licensed Embalmer No. 2110 3

P. O. Address St. Louis, Mo.

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.