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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38151

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2489

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town MANCHESTER MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3104 Wyoming St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME EMMA STINSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Addison Stinson

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

7. Birth date of deceased Sept 3rd 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name John Fry
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agatha Quick
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Schultz
(b) Address 3104 Wyoming St.

17. (a) Burial NOV (b) Date thereof 28th /42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cem.

18. (a) Signature of funeral director Thos Lutes & Son
(b) Address 2906 Gravois Ave

19. (a) NOV 27 1942 (b) C. G. McGarvin MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1942 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from November 20th, 1942, to November 27th, 1942
that I last saw her alive on November 26th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho - Pneumonia

Due to 107

Due to

Other conditions Arterio - Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature R. W. Jansen (M. D. [redacted])
Address Manchester, Mo. Date signed 11/27/42

709

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4243

P. O. Address 2906 Grassia

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.