

FILED JAN - 9 1943

Registration District No. 210

Primary Registration District No. 6051

Registrar's No. 436

92
392
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. ST. CHARLES

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

(c) Name of hospital or institution:
Emmanuel's Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. ANNA EMERLING

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife HY. EMERLING 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 28 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace ST. CHARLES MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER { 12. Name THEO SCHMIDT

{ 13. Birthplace ST. CHARLES MO
(City, town, or county) (State or foreign country)

{ 14. Maiden name HILKE

{ 15. Birthplace ST. CHARLES MO
(City, town, or county) (State or foreign country)

16. (a) Informant H. Y. EMERLING

(b) Address O'FALLON MO

17. (a) BURIAL (b) Date thereof 12-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. CHARLES MO

18. (a) Signature of funeral director Earl Smith

(b) Address O'Fallon Mo.

19. (a) 12-22-42 (b) Clarence G. Wheeler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 98

(a) State MO (b) County ST. CHARLES

(c) City or town O'FALLON
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 19 year 1942 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 19 1940 to Dec 19 1942
that I last saw her alive on Dec 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric Hemorrhage
Due to Cancer of Stomach
Due to See Arteriosclerosis
Other conditions See Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations no Of autopsy no

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 A. P. Erich (M.D. or other) _____
Address St. Charles Mo. Date signed 12/24/42

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 E. K. Entley

Licensed Embalmer No. 827

P. O. Address Fallow, N.C.

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, above space should be left blank.