

V. 111-2
 50M
 Rev. 5-17-39
 X32873

JAN 26 1943

318

Registration District No. Primary Registration District No. 1003

Registrar's No. 540

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:
Firman Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 5 Days
(Specify whether In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

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

(d) Street No. 2315 Park Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Emma Case

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..... Married

6. (b) Name of husband or wife..... James R. Case 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... March 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	<u>10</u>	<u>16</u>	
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.....hr.min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... John Rhinhart

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

14. Maiden name..... Mary Luker

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

16. (a) Informant..... James R. Case

(b) Address..... 2315 Park Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Jan 20 1943
(Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla Cemetery

18. (a) Signature of funeral director..... Peetz Brothers

(b) Address..... 3029 Lafayette Ave

19. (a) JAN 19 1943 (b) J. J. Bruesch
(Data received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month..... 18th .. day..... January
 year..... 1943 hour..... 10.00 minute..... P. .. M.

21. I hereby certify that I attended the deceased from..... 1-14 .. 1943 to..... 1-18 .. 1943
 that I last saw her..... alive on..... 1-17 .. 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death..... MI

Multiple Abscesses of Left Kidney

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

Major findings:
 Of operations..... No operations
 Of autopsy..... See Above

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) Manner of injury.....

23. Signature..... E. R. Shrader (M. D. or other).....
 Address..... 3720 Washington Date signed..... 1-19-43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Frank J. Quinn*.....

Licensed Embalmer No. *2245*.....

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.