S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39755

FILED JAN 12 1944 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 11994

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:
1205a Wright St. /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 000 12

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 26

(d) Street No. 1205a Wright St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Emery

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife King D. Emery

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

7. Birth date of deceased September 21, 1877.
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Boston, (City, town, or county) Massachusetts / (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Mr. Caldwell
13. Birthplace - - (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Mary Baker
15. Birthplace - - (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. Wm. Munchrath
(b) Address 4649 Anderson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th year 1943 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from about 12/20/41 19 to 12/29/43 19; that I last saw her alive on 12/29/43 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
1. Carcinoma of uterus - Primary site
2. Carcinoma of liver
Due to 3. Arteriosclerosis
4. Myocarditis
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) no
(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 Walter S. Yancey (M. D. or other) 12/31/43
Address 4126 St. Louis Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

1126 St. Louis Ave.
6-8 PM
3-5 PM
Re 6176

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 John Mlinar

Licensed Embalmer No. 4186

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.