

FILED SEP 8 1944

1003

State File No.

7471

Registration District No. 31

Primary Registration District No.

Registrar's No.

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:  
2350 Whittamore St  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Emma Margaret McVey

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 William H. 6. (c) Age of husband or wife if alive 91 years  
 7. Birth date of deceased Nov 15 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>9</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Christ Kolb  
 13. Birthplace Bavaria  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Peters  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy L. McVey  
 (b) Address 2350 Whittamore

17. (a) Burial (b) Date thereof 8 30 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Fetz Bros

(b) Address 3029 Lafayette Ave

19. (a) AUG 28 1944 (b) J. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 923  
 (d) Street No. 2350 Whittamore  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28  
 year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 25 to Aug 28, 1944

that I last saw her alive on Aug 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature John Bredbeck (M. D. or other) \_\_\_\_\_

Address 1625 South Jefferson Date signed 8/28/44

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

MOTHER FATHER

DR DUSCHMAN  
1625 N. 8th St  
St. Paul, Minn.

NOV 19 1945

**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 Francis J. Duschman

Licensed Embalmer No. 2245

P. O. Address St. Paul, Minn.

**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.**