

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
No I X36871

**FILED NOV 30 1944**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **9814**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
Bethesda Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution five days **0**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** CHARLES F. EMMENEGER

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male **0**

5. Color or race White **0**

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased June 15 1882  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>62</u>	<u>5</u>	<u>2</u>	hr. min.

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

10. Usual occupation Retired

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

12. Name Charles Emmenegger

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Linnes

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. W. Emmenegger

(b) Address 3717 Bayless A ve., St. Louis Co.

17. (a) Burial (b) Date thereof Nov. 21 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER U. & L. CO.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) NOV 20 1944 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. 3717 Bayless  
(If rural, give location)

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

If yes, name country 0

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov 17 day \_\_\_\_\_  
year 1944 hour 8:47 minute P M.

21. I hereby certify that I attended the deceased from June 17 1944  
9 AM to 9 AM 17 1944

that I last saw him alive on June 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Ch. Amy. aortic

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

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

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

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

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)

(a) Means of injury \_\_\_\_\_

Signature Wm. Starkloff (M. D. or other) MD

Address 512 Drexel Date signed 11/18/44

Duration

2 yrs

10 yrs

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Dr. Max Starkloff

512 Dover LO 1706

10:30 a.m. - 3:00 p.m.

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**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.....

*Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**