

FILED DEC 7 1944

Registration District No. 305

Primary Registration District No. 6047

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: _____
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo

(b) County St Charles

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME OSCAR EMGE JR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th year 1944 hour 9 minute 20 P.M.

4. Sex m

5. Color or race w

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 march 19 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
Coroner's Viewing of Body
that I last saw him alive on _____ 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

2 7 17 _____ hr. _____ min.

Due to Meningitis

Due to meningococcal

9. Birthplace St Paul mo (City, town, or county) (State or foreign country)

10. Usual occupation Child

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Oscar Emge

13. Birthplace St Paul mo (City, town, or county) (State or foreign country)

14. Maiden name Malin

15. Birthplace St Paul mo (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Emge

(b) Address St Paul mo

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

(c) Place: burial or cremation St Paul mo

18. (a) Signature of funeral director Ed Keith

(b) Address Orallon mo

19. (a) Nov 10/44 (Date received local registrar) (b) Trude S. Ferrell (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (Specify means of injury) _____

23. Signature W. Emch (M. D. or other) _____
Address St Charles mo Date signed 11/6/44

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

002

681

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 12-4-44

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 _____

Ed Keithly

Licensed Embalmer No. 822

P. O. Address Dallas 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.