

FILED DEC 27 1944
 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10590

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:
St. Anthony Hospital
 (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) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 7153 Alabama ave.
 (If rural, give location)
no

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

3. (a) PRINT FULL NAME Nancy Joan Ems

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 20 1944
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>0</u>	<u>2</u>	<u>20</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
 year 1944 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from 12-5-44
 _____ 19 _____ to 12-9-44 19 _____
 that I last saw her alive on 12-9-44 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Broncho pneumonia
Primary

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Joseph Ems

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

14. Maiden name Bonnie Moore

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

16. (a) Informant Mrs. Bonnie Ems

(b) Address 7153 Alabama ave.

17. (a) Burial (b) Date thereof DEC 13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7314 S. Broadway

19. (a) DEC 12 1944 (b) J. F. Bredack
 (Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy Broncho-pneumonia

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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Paul L. Davis (M. D. or other) _____
 Address 4065 So. Grand Date signed _____

Joseph Ferris MD

1-3
4065 S. Riverside
L02711

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 *Harry J. Schenck*

Licensed Embalmer No. *2679*

P. O. Address *732 Tommy Street*

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.