V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21874

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6779

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: 3010 LAWTON, AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

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

(d) Street No. 3010 LAWTON, AVE (If rural, give location) 21

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

If yes, name country

3. (a) PRINT FULL NAME Jawky ~~John~~ Emerson ~~Jr~~

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male ~~Female~~

5. Color or race Negro

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 MAY (Month) 30 (Day) 1879 (Year)

8. AGE: Years 66 Months 2 Days 28 If less than one day hr. min.

9. Birthplace UNK (City, town, or county) Arkansaw (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name John Emerson
13. Birthplace UNK (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name UNK
15. Birthplace UNK (City, town, or county) UNK (State or foreign country)

16. (a) Informant Bessie Littlejohn
(b) Address 2920 Pine St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Ark

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave

19. (a) AUG 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day July year 1945 hour 4 minute 08 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to Arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M. D. or other)

Address Date signed 8/1/45

(Licensed Embalmer's Statement on Reverse Side)

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 Burlison English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave.

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.