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

3132

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 966

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 629

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1952 A Wyoming 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0a0
(c) City or town St Louis 2417
(If outside city or town limits, write "RURAL")
(d) Street No. 1952 A Wyoming St 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EMMA ST.JOHN
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG 8th 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	5	9	hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife.
FATHER
12. Name Louis Dralle
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Gernamy 4 (City, town, or county) (State or foreign country)
16. (a) Informant Wilhelima Johansen
(b) Address 5035 A Louisiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem
18. (a) Signature of funeral director Stockrites & Son
(b) Address 2906 Gravois Ave.
19. (a) JAN 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1 55 P.M. hour 1946 minute M.
21. I hereby certify that I attended the deceased from July 18, 1945 to Jan 17, 1946
that I last saw her alive on Jan 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma	4 mos.
Due to Carcinoma of Rectum	1 yr.
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 Arthur Sundwall (M. D. or other) M.D.
Address 2202 University Date signed 1/18/46

(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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.