

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Alton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sunset Sanitarium  
(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)

3. (a) PRINTED FULL NAME Emma W. Hayden  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased March 27 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months II Days I7 If less than one day hr. min.

9. Birthplace Alton, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Nagel

12. Name Germany 4

13. Birthplace Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace Elmer G. Hayden (City, town, or county) (State or foreign country)

16. (a) Informant Claridge Hotel  
(b) Address Burial (b) Date thereof 3/16/46  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Sullivan Funeral Dir  
2849 No. Euclid Ave.  
(b) Address

19. (a) 3-18-46 (b) Edm. Garand  
(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. 3864 Sullivan (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March I4 day 14 year 1946 hour 6.30 minute A. M.  
21. I hereby certify that I attended the deceased from 3-1-46 to 3-14-46  
that I last saw her alive on 3-13-46  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Ischemia Duration 24 hr.  
Due to Chronic Myocarditis ?  
Due to Hypertension Malignant ?  
Other conditions Arteriosclerosis General ?  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: none  
Of operations none  
Of autopsy none  
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) none  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature Nicholas Stutler (M. D. or other) MD  
Address 3861 St. Louis Ave Date signed 3/14/46

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

5665

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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.....

*Robert L. Duntzma*

Licensed Embalmer No.....

*3553*

P. O. Address.....

**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.**