

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21886**
5736
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
4907 West Pine Blvd.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 1217
(d) Street No. 4907 West Pine Blvd. 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emily M. Jones
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28th.,
year 1946 hour 7 minute 30 a. M.

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Paul Jones
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17th., 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-46, 19____, to 6/28-46, 19____,
that I last saw him alive on 6/28-46, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 3 11 hr. min.

Immediate cause of death _____ Duration _____
Due to Altered arterial distribution
Due to Myocardial infarction

9. Birthplace Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 1/2/1
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Fred Schwachheim
13. Birthplace Germany 4
14. Maiden name Elizabeth Unkner
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr. Eugene L. Padberg
(b) Address 705 Chestnut St.
17. (a) Burial (b) Date thereof 7-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel
18. (a) Signature of funeral director Arthur J. Howell
(b) Address 3840 Lindell Blvd.
19. JUN 28 1946 (b) J. A. Bredel
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 6/28-46
23. Signature R. Kaudern (M. D. or other) 0
Address 4922 W. 1st St. St. Louis Date signed _____

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.