S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41863

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

43054

State File No.

Registrar's No. 11322

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:
4714A West Florissant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4714A West Florissant Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Underhill

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widdow

6. (b) Name of husband or wife William Underhill

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

7. Birth date of deceased March 9, 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Koenen
13. Birthplace (City, town, or county) Ill. (State or foreign country)

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

16. (a) Informant Chris Koenen
(b) Address 4714 West Florissant Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1)2)1947 (Month) (Day) (Year)
(c) Place: burial or cremation Baldwin Ill.

18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Chas. Rd.

19. (a) DEC 31 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30, year 1946 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug. 21st, 1945 to Dec 30th, 1946 that I last saw her alive on Dec. 30th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Dr. T. D. Bluylock (M.D. or other)

Address 1415 Salisbury St. Louis Date signed 12/31/46

(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. Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 10123 St. Chas R

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.