

**FILED FEB 24 1947**  
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.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4521 Durant 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.....  
years, months or days)

3. (a) PRINT FULL NAME Emilie Jobs

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 Married

6. (b) Name of husband or wife Edmund K. Jobs  
6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 26 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>19</u>	.....hr. ....min.

9. Birthplace Russia - 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOYER FATHER {  
12. Name John Fuhrman  
13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Christula Branch  
15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Edmund Jobs  
(b) Address 4521 Durant Ave.

17. (a) Burial (b) Date thereof 2/19/47  
(Burial, cremation; or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Provoist Hill Co.  
(b) Address 3710 N. Grand Blvd.

19. (a) FEB 18 1947 (b) J. Bedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 7 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4521 Durant Ave.  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15  
year 1947 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 2, 1947 to Feb 15, 1947  
that I last saw her alive on Feb 15, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis, fully developed, - and  
Due to uterine carcinoma - 1-2 yrs.

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?

While at work?..... (Specify type of place)  
(e) Means of injury 0

23. Signature W. A. Wright (M. D. or other)  
Address 2201 N. Broadway Date signed 2/18/47

**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..... *Carl A. Proust*  
Licensed Embalmer No..... *1578*  
P. O. Address..... *3710 N. Grand Blvd*

**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.**