

S. No. 2  
-12-45  
5-17-39  
P. I. X47070

DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
FILED APR 14 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 10500  
Registrar's No. 3464

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, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4136 Shenandoah Street.  
(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 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4136 Shenandoah Street., 3  
(If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emma Louise Aydelotte  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 30  
year 1947 hour 3 minute 30 P.M.  
21. I hereby certify that I attended the deceased from  
May 1946, to March 30, 1947  
that I last saw her alive on March 29, 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Benjamin Aydelotte  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased June 4 1867  
(Month) (Day) (Year)

Immediate cause of death: Myocarditis Duration  
1 1/2 hr  
Due to.....  
Due to.....

8. AGE: Years Months Days If less than one day  
79 9 26 hr. min.

Other conditions Chy Interstitial Nephritis  
(Include pregnancy within 3 months of death)

9. Birthplace Gibson County Indiana  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife  
11. Industry or business At Home

MOTHER FATHER  
12. Name William Pearson  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Angelina McPherson  
15. Birthplace Unknown Indiana  
(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 Helen Mercurio  
(b) Address 4136 Shenandoah Street.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/47  
(Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

While at work? (Specify type of place) (c) Means of injury.....  
23. Signature J. J. Beale (If H. or other) 3/31/47  
Address 4930 Linden, St. Louis Date signed

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) APR 1 1947 (Date received local registrar) (b) J. J. Beale (Registrar's signature)

**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 Ernest W. Spillers  
Licensed Embalmer No. 4080  
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.**