V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10966

FILED APR 8 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3137

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Chamois
(If outside city or town limits, write "RURAL")
(d) Street No. NR 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Emma Held
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Held
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 25 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
79	6	26	hr. min.

9. Birthplace Osage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Carl W. L. Schroeder
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Henry A. Held
(b) Address Chamois, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hope, Mon, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1947 hour 12 minute 40 A. M.
21. I hereby certify that I attended the deceased from March 11, 1947, to March 21, 1947, that I last saw her alive on March 21, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Cirrhosis — Duration
Due to Carcinoma of head of pancreas
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above

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 E. B. Sparks (M. D. or other)
Address Barnes Hospital Date signed 3-21-47

(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 Henry A Brammer

Licensed Embalmer No. 4200

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.