No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11411

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2806

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5141 Rosa
(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 Mo. (b) County 000
(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")
(d) Street No. 5141 Rosa 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Emma Primm
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 6 (Day) 1860 (Year)

8. AGE: Years 87 Months 0 Days ~~14~~ 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name John Primm
13. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Sock
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Oliver W Appel
(b) Address 3640 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation O.SS Peter & Paul Cem.
18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) MAR 17 1947 (Date received local registrar) J. F. Bruseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1947 hour 11.15pm minute M.

21. I hereby certify that I attended the deceased from Sept 1, 1946, to March 13, 1947 that I last saw her alive on 3/13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 day

Due to 83

Due to

Other conditions Arteriosclerosis 5 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 0

23. Signature Matilda L. Tilz (M. D. ~~or other~~)
Address 710 Michigan Date signed 3/15/47

(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 Frank I. Dioens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.