

S. No. 2
M-5-43
v. 5-17-39
I X38671

FILED MAY 14 1947
Registration District No. 318

Primary Registration District No. 1003

132

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

1. PLACE OF DEATH:

(a) County St. Louis
 (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:
1821 (ren) Biddle
 (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 21000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1821 A. B. Biddle st. 9
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Milton Emanuel
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex M 2 | 5. Color or race Col
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased 10 15 1902
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 1st
 year 1947 hour 7:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years - Months - Days If less than one day
44 - 5 - 16 hr. _____ min.
 9. Birthplace Atlanta Georgia
 (City, town or county) (State or foreign country)
 10. Usual occupation Porter

Immediate cause of death _____ Duration _____
Replaced with Concomitant
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 MOTHER, FATHER {
 12. Name Un Known
 13. Birthplace " " _____ 9
 (City, town, or county) (State or foreign country)
 14. Maiden name " " _____
 15. Birthplace " " _____ 9
 (City, town, or county) (State or foreign country)
 16. (a) Informant Autry Walker
 (b) Address 1821 A. B. Biddle St
 17. (a) Burial (b) Date thereof 5-6-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park Cemetery
 18. (a) Signature of funeral director Wm Howe
 (b) Address 2930 Dickson St.
 19. (a) MAY 5 1947 (b) J. F. Breneck
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) Means of injury _____ 3
 23. Signature Autry Walker _____
 Address _____ Date _____

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 *Charles Young*
Licensed Embalmer No. *3371*
P. O. Address *St. Louis*

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.