

No. 2  
2-45  
17-39  
X47070

FILED MAY 9 1947 318  
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County MISSOURI

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
FIRMEN DESLOGE HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WKS.  
(Specify whether)

In this community 20 YRS.  
years, months or days

3. (a) PRINT FULL NAME EMMA LINN

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, WIDOW

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: MARCH 25 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 1 5 hr. min.

9. Birthplace ILLINOIS (State or foreign country)

10. Usual occupation WIDOW

11. Industry or business AT HOME

MOTHER FATHER { 12. Name EDWARD HOERING

13. Birthplace ILLINOIS (State or foreign country)

14. Maiden name KATRINE FUNCK

15. Birthplace ILLINOIS (State or foreign country)

16. (a) Informant GEORGE LINN

(b) Address 5265 WATERMAN

17. (a) ~~BURIAL~~ Removed (b) Date thereof MAY 2, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAGCOUTAH, ILL.

18. (a) Signature of funeral director Thomas Kuti: son

(b) Address 2906 GRAVOIS

19. (a) MAY 1 (Date received local Registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 35493 ITASKA 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30  
year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 21, 1947  
1947 to April 30 1947  
that I last saw her alive on April 30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Duration 1 Day

Due to Arteriosclerosis

Due to Diabetes 61

Other conditions: Diabetic Gangrene  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredek (M. D. or other) MA  
Address 1931 Marconi Date signed 4-30-47

1931 Monahan  
Dr. V. Lo Piccolo

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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.....

*Harold C. Hill*

Licensed Embalmer No.....

*4347*

P. O. Address.....

*2906 Lewis*

**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.