. S. No. 2
00M—5-43
ev. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22837

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1400

96
2
3

1. PLACE OF DEATH:
(a) County Clayton St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #1 HADDINGTON COURT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CLAYTON 96
(c) City or town 2
(If outside city or town limits, write "RURAL")
(d) Street No. #1 HADDINGTON COURT 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EMMA P. VON GUNDEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced WID.
6. (b) Name of husband or wife EDWARD F.
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased NOV. (Month) 18 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	7	10	hr. min.

9. Birthplace SPRINGFIELD (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business SELF
MOTHER FATHER
12. Name NEWTON L. MARTIN
13. Birthplace SPRINGFIELD (City, town, or county) MO (State or foreign country)
14. Maiden name ELIZABETH H. JACKSON
15. Birthplace " " (City, town, or county) " " (State or foreign country) 9
16. (a) Informant ELIZABETH COMPORT
(b) Address #1 HADDINGTON COURT CLAYTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAKGROVE
18. (a) Signature of funeral director Provost Und Co
(b) Address 3710 So. Grand Blvd.
19. (a) 7-1-47 (Date received local registrar) (b) Carla [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28 year 1947 hour 10 minute 25 AM.
21. I hereby certify that I attended the deceased from Jan 10, 1947 to June 28, 1947 that I last saw h[illegible] alive on June 27th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus — Duration 1 y
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None made
Of autopsy None made.

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 Joseph Davis (M. D. or other)
Address 401 Frisco Bldg. Date signed 6-30-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Davie
Frisco Bld 906 Olive
2-5

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 V E Morris

Licensed Embalmer No. 3360

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.