

No. 2
-1/47
5-17-39

FILED AUG 21 1947
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution BARNARD SKIN + CANCER HOSPITAL
(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..... 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5904 ENRIGHT AVE. 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Frederic K. Emerson

3. (b) If veteran, name war..... NONE

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mime Emerson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 6, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th
year 1947 hour 4:30 AM minute..... M.

21. I hereby certify that I attended the deceased from 8/5/47
1947, to Aug 14, 1947
that I last saw him alive on 8/14/47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum 1 yr +
Duration

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>8</u> hr. min.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Newton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business unemployed

12. Name Frank W. Emerson

13. Birthplace Brattleborough Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Maria Kellan

15. Birthplace Dunbar Vermont
(City, town, or county) (State or foreign country)

Major findings: Same involvement

Of operations: of prostate

Of autopsy: same

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Hospital Records

(b) Address.....

17. (a) BURIAL (b) Date thereof AUG 15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWTON IOWA

18. (a) Signature of funeral director SHEPARD FUNERAL HOME
(b) 1167 HAMILTON AVE.

19. (a) AUG 15 1947 (b) J. T. Brodeur
(Date received local registrar) (Registrar's signature)

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?..... (c) Means of injury..... 0

23. Signature M. Hora (M. D. or other).....
Barnard Hora Address..... Date signed 8/14/47

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.....

Ernest W. Spillars

Licensed Embalmer No. *4080*

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.