

No. 300  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 21 1948

#65532

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5387  
Registrar's No. 1003

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(d) Length of stay: In hospital or institution  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EMMA BAECHLE  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Henry  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: abt 71  
Years Months Days If less than one day  
hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

12. Name Martin

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

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Alta Blodgett

(b) Address 5208 Alcott

17. (a) Burial (b) Date thereof 6/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUN 14 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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") 9  
(d) Street No. 5208 Alcott Memorial (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 12th  
year 1948 hour 2 minute 8 A.M.  
21. I hereby certify that I attended the deceased from 6/9/48  
\_\_\_\_\_, 19\_\_\_\_, to June 12th, 1948.  
that I last saw him alive on June 12th, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Cholecystitis & Lithiasis - 1/26  
Due to Stone in Common Duct  
Other conditions: anemia, septicemia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy: Same  
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) (Specify type of injury)  
23. Signature J. F. Blodgett M.D. 151 Lafayette 6/12/48  
Address Date signed

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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..... *Albert Mayfield* .....

Licensed Embalmer No. *3077* .....

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.**