

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **277774**
Registrar's No. **7290**

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 weeks**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Emma J. Happe**

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 **Married**
6. (b) Name of husband or wife **Charles Happe** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **September 22, 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **27** If less than one day hr. min.

9. Birthplace **Unknown** **Ills.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **David Spriggs**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Happe**
(b) Address **4329 N. 19th St.**

17. (a) **ABurial** (b) Date thereof **8/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc.**
(b) Address **2161 East Fair Ave.**

19. (a) **AUG 19 1948** (b) **J. T. Brebeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **600**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4329 N. 19th St.** **9**
(If rural, give location) **0**
(e) ~~Citizen~~ of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **18th**
year **1948** hour **4:40 P.M.** minute M.

21. I hereby certify that I attended the deceased from **Aug 17 1948** to **Aug 18 1948**
that I last saw him alive on **Aug 18** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy on cerebral**
Due to **arteriosclerosis**
fractured hip.
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence **June 17 1948**
(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 **fall**

23. Signature **Wm. R. ...** (M. D. or other)
Address **1918 9th St.** Date signed

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

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 William G. Buchholz,

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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.