

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27986
Registrar's No. 77616

Registration District No. _____

Primary Registration District No. _____

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community _____
years, months or days

3. (a) PRINT FULL NAME EMMA McGregor

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 Married
6. (b) Name of husband or wife Orville McGregor
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 6/18/1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry F. Schulz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Demarest
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. E. Niedt
(b) Address # 12 Squires Lane, Huntleigh Village
17. (a) Burial (b) Date thereof 8/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc.
(b) Address 6633 Clayton Rd

19. (a) AUG 30 1948 (b) J. F. Brodack
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Maplewood 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7417 Flora
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1948 hour 6.58 minute A M.

21. I hereby certify that I attended the deceased from 8/26/1948, 19____, to 8/28/48, 19____;
that I last saw her alive on 8/28/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration 7 hrs

Due to coronary atherosclerosis thrombosis 4 days?

Due to coronary atherosclerosis many years.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 Julius Jensen (M. D. or other) H.D.
Address 3720 Washington Ave Date signed 8/28/48

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 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.