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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34099

FILED NOV 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9596

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: Park Lane Memorial Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5574a Page Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maude L. Emahiser.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles B. Clare.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased July 7, 1895.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	26	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Meyer.

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

14. Maiden name Minnie Jones.

15. Birthplace Steeleville Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Cassius Emahiser.

(b) Address 5574a Page Avenue.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-4-1948. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) NOV 4 1948 (Date received local registrar) (b) J. A. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd. year 1948 hour 10.45 P.M. minute M.

21. I hereby certify that I attended the deceased from May 4, 1948, 19..., to Nov. 3, 1948, that I last saw him alive on Nov. 3 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis. — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy.

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 Fred J. Smith (M. D. or other) M.D.

Address 4930 Lindell Blvd. Date signed 4-4-1948.

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McGeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.