

FILED APR 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 9952
Registrar's No. 2558

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4609 a Greer ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION		17 9	

3. NAME OF DECEASED (Type or Print) Emma Deming			4. DATE OF DEATH (Month) (Day) (Year) March 20 1949		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m. Widow	8. DATE OF BIRTH March 1, 1868	9. AGE (In years last birthday) 81	10. IF UNDER 1 YEAR Months 0 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) New York	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME August Herminghaus		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Theodore Deming	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marguerite Deming 4609 a Greer ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Arterial Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Cardiac Val. Disease</i>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4 2/4</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Sept 1, 1940*, to *March 20, 1949*, that I last saw the deceased alive on *March 20, 1949*, and that death occurred at *4:10 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Clayd L. Heid M.D.</i>		23b. ADDRESS <i>2709 N. Grand</i>		23c. DATE SIGNED <i>3-21-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>March 23, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Lucas Hunt Road St. Louis County</i>		DATE REC'D BY LOCAL REG. <i>MAR 22 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>A. Krow</i>		ADDRESS <i>La. Co. 2707 N. Grand</i>			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Stanley H. Dixon

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4193

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.