No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21926

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1388

1. PLACE OF DEATH a. COUNTY: St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton c. LENGTH OF STAY (in this place): 5 hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Robertson
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital	d. STREET ADDRESS (If rural, give location): Fairview & Florence Sts.

3. NAME OF DECEASED (Type or Print)	a. (First): Andrew	b. (Middle):	c. (Last): Emory	4. DATE OF DEATH (Month) (Day) (Year): 6/6/49
5. SEX: Male 2	6. COLOR OR RACE: Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 4/22/1891	9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer	10b. KIND OF BUSINESS OR INDUSTRY: Same	11. BIRTHPLACE (State or foreign country): Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Preston Emory	13b. MOTHER'S MAIDEN NAME: Lydia Williams	14. NAME OF HUSBAND OR WIFE: Clara Emory		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: Clara Emory, Fairview & Florence	ADDRESS	

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.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage	6 hr
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	unknown
DUE TO (c)	Prostatic enlargement c̄ urinary retention 331 83a	unknown
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-6 *19*49, *to* 6-6, *19*49, *that I last saw the deceased alive on* 6-6, *19*49, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Wm Fries MDT	23b. ADDRESS: 601 Brentwood	23c. DATE SIGNED: 6-6-49
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6/11/49	24c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri		
DATE REC'D BY LOCAL REG.: 6-11-49	REGISTRAR'S SIGNATURE: [signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chas. J. Gates, 4107 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed John F. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.