

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24469**BIRTH NO. **36576-49** REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) St Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 6th & Jefferson	
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Emonts c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 22 1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 22 1949
9. AGE (In years last birthday) 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Emonts		13b. MOTHER'S MAIDEN NAME Mary Louise Whelan	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charles Emonts	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 6th & Jefferson St Charles	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia neonatorum INTERVAL BETWEEN ONSET AND DEATH 1 hr. ANTECEDENT CAUSES DUE TO (b) Prematurity 24 to 26 wks DUE TO (c) Gestational. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 776X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 June 22, 1949 , to June 22, 1949 that I last saw the deceased alive on June 22, 1949 , and that death occurred at 10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Deputy County N.D.		23b. ADDRESS St. Charles, Mo	
23c. DATE SIGNED 7-5-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 23 1949		24c. NAME OF CEMETERY OR CREMATORY O'Fallon Cemetery	
24d. LOCATION (City, town, or county) (State) O'Fallon Mo		25. FUNERAL DIRECTOR'S SIGNATURE Hackmann - Paul St Charles Mo	
26. DATE REC'D BY LOCAL REG. 8-8-49		27. REGISTRAR'S SIGNATURE Fannie Hamilton	
28. ADDRESS		29. ADDRESS	

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

District File Number _____
District Health Officer No. 9,
RECEIVED AUG 12 1949

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 _____

Arthur C. Bance

Signed _____

Student Embalmer

Licensed Embalmer No. *315-1*

P. O. Address *St. Charles, 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.

14-0-8