

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28018

State File No. ....

7276

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>11</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. Louis</b>		c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Anthony's Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>3948 Bates ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emil</b> b. (Middle) _____ c. (Last) <b>Emmendorfer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 20, 1949</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Feb. 9, 1874</b>	9. AGE (In years last birthday) <b>75</b>	10. UNDER 1 YEAR Months _____	11. UNDER 12 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Screens &amp; Stamps</b>		11. BIRTHPLACE (State or foreign country) <b>ST. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FRANK Emmendorfer</b>		13b. MOTHER'S MAIDEN NAME <b>Victoria Neusel</b>		14. NAME OF HUSBAND OR WIFE <b>Emm Emmendorfer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-28-5223</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ralph Emmendorfer 3950 Bates ST.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Hypertrophy Surgical removal of right kidney</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Anesthetic while undergoing an operation at St. Anthony's</b> DUE TO (c) <b>Hosp. on Aug 20 1949</b> II. OTHER SIGNIFICANT CONDITIONS <b>Removal of Cancer-Kidney</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Hosp</b>				20. AUTOPSY? YES <input checked="" 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) <b>52a</b>			
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? <b>181X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:15 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ralph Emmendorfer</b> (Deceased or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>8-24-49</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Cremaion</b>		24b. DATE <b>Aug. 23 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>ST. Louis, County</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 22 1949 J.B. Foster</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watt Bros L &amp; H. Co. 2929 S. Jefferson Ave.</b>			

WRITE PLAINLY—USING UNFAADING 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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson Ave

**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.