

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9762

State File No.

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6055 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>St Clair Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockville RFD</u>	c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Taber Twp 0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 9 Mi. SSE Appleton City</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda.</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Emerich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 30 1951</u>
---	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr-19-1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	IF UNDER 4 WKS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	-------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mainland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>John Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Catharine Deahl</u>	14. NAME OF HUSBAND OR WIFE <u>George Emerich</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>90</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Naomia</u>	ADDRESS <u>East Rockville RFD</u>
---	-----------------------------------	---	-----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Failure</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none performed</u>	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) m.	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 Mar 25, 1951, to Mar 30, 1951, that I last saw the deceased alive on Mar 30, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Ink or type) <u>M.O. Birker, P.D.</u>	23b. ADDRESS <u>Rockville, Mo.</u>	23c. DATE SIGNED <u>3/31/51</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 2</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Taber Twp St Clair Co</u>
---	------------------------	---	--

DATE REC'D BY LOCAL REG. <u>April-1-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olo Abney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lu</u>	ADDRESS <u>Appleton City Mo</u>
--	---	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

1990
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-3-51 _____

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 _____
on the 30 day of Mar 1951
working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Frank Lee*

Licensed Embalmer No. 1099

P. O. Address *Appleton City Me*

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.