

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1951

State File No. 28142

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7298

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>St. Louis</i>	
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 <i>St. Louis</i> <i>Kirkwood 4673</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 1016 No. Woodlawn, Kirkwood	

3. NAME OF DECEASED (Type or Print) Emlen			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1951		
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 19, 1882		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Illinois Duster & Brush Co.		11. BIRTHPLACE (State or foreign country) Ballwin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Dr. Edward Cooper		13b. MOTHER'S MAIDEN NAME Marion B. Lloyd		14. NAME OF HUSBAND OR WIFE Mrs. Lillian Cooper; 1016	
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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. 335-07-8551		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Cooper, 1016 No. Woodlawn		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 week	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage		DUE TO (b) Rupture of Pleuro Pulmonary adhesion				6 hr. ?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Coronary Arteriosclerosis				?	
2. 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? 4657	

22. I hereby certify that I attended the deceased from August 6, 1951, to Aug. 14, 1951, that I last saw the deceased alive on Aug. 14, 1951, and that death occurred at 8:00 Am., from the causes and on the date stated above.

23a. SIGNATURE Clarence E. Mueller M.D.		23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 8-15-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. AUG 16 1951		REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Clarence E. Mueller
Mo. Theatre Bldg. JE 7469

8:30 - 10:00 A.M.
2:00 - 4:00 P.M. Wednesday

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 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.