

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42252**
Registrar's No. **5400**

FILED DEC 26 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602

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|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 41 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 730 W. 45th Street | | | d. STREET ADDRESS (If rural, give location) 730 West 45th St. | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) WILLIAM c. (Last) EMRICH | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1952 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 17, 1872 | | 9. AGE (In years last birthday) 80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoe Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME John Emrich | | 13b. MOTHER'S MAIDEN NAME Magdalena Neuls | | 14. NAME OF HUSBAND OR WIFE Ella E. Emrich | |
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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) No | 16. SOCIAL SECURITY NO. 227 01 9384 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ella E. Emrich, 730 W. 45th St., KC Mo. | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Deкомпensation DUE TO (c) Cardiac Bundle-branch Block | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 2 wks 1 month 1 mo 2 weeks |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 4330 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
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22. I hereby certify that I attended the deceased from Dec 8, 1952, to Dec 9, 1952, that I last saw the deceased alive on Dec 9, 1952, and that death occurred at 7:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Isadore Anderson MD | | 23b. ADDRESS 723 W 45th St | | 23c. DATE SIGNED Dec 9, 1952 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/10/52 | 24c. NAME OF CEMETERY OR CREMATORY Floral Hills | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
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| DATE REC'D BY LOCAL REG. 12-10-52 | REGISTRAR'S SIGNATURE Stroddine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Deacon Indrason
723 West 45th Street

No. 6477 - deposit number

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 Lou Clark
Licensed Embalmer No. 4216

P. O. Address A. B. 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.