

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11510**  
Registrar's No. **2625**

FILED MAR 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4668 Pershing Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>2129 12 4668 Pershing Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>E.</b> b. (Middle) <b>VanNorman</b> c. (Last) <b>Emery</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 8, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 5, 1889</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Toronto, Canada</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Hunter Emery</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Ethel Job</b>		14. NAME OF HUSBAND OR WIFE <b>Felice M. Begg Emery</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Felice M. Begg Emery, Guilford, Conn.</b>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral thrombosis or hemorrhage</b> ANTECEDENT CAUSES <b>Due to (b) Hypertensive cardiac vascular disease.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>evidently sudden at least 6 yrs.</b>		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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>443X</b>	
22. I hereby certify that I attended the deceased from <b>Apr. 8, 1952</b> , to <b>Mar. 8, 1953</b> , that I last saw the deceased alive on <b>Feb. 27, 1953</b> , and that death occurred at <b>2:50</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Robert W. Smith M.D.</b>		23b. ADDRESS <b>114 N. Taylor</b>	
23c. DATE SIGNED <b>3/9/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	
24b. DATE <b>3-9-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagoner Mortuary, 4911 Washington</b>	
DATE REC'D BY LOCAL REG. <b>MAR 9 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	

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.....  
Signature of Student Embalmer

Signed *Fred J. Farmer*.....

Licensed Embalmer No. *4780*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.