

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11511

State File No. ....

APR 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3146

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 4243 North Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) Martin		b. (Middle) Allen		c. (Last) Emmons		4. DATE OF DEATH (Month) (Day) (Year) March 21, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 10, 1902	
9. AGE (In years last birthday) 50		10. UNDER 1 YEAR Months		11. UNDER 100 Hrs. Days		12. UNDER 1000 Hrs. Hours	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL WORKER LIGHTING PROTECTION		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS DUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WAYNE CO. ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DAVID EMMONS		13b. MOTHER'S MAIDEN NAME JULIA WILCOX		14. NAME OF HUSBAND OR WIFE JOHNNIE MAE EMMONS			
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. 488-09-4127		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHNNIE MAE EMMONS			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Aortic Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coarctation of the Aorta			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-19-53		19b. MAJOR FINDINGS OF OPERATION As above		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)	
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? 7545	

22. I hereby certify that I attended the deceased from 3-6, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>W. M. Sullivan</i>		(Degree or title) Assoc. Dir.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL MOTOR		24b. DATE 3/25/53		24c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE CEM		24d. LOCATION (City, town, or county) (State) PLEASANT GROVE ILLINOIS	
DATE REC'D BY LOCAL REG. MAR 23 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. L. Sudman &amp; Son</i> 3924 N. 20 St			

WRITE PLAINLY—USING UNFADING 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

*Gustav W. Sutele*

Licensed Embalmer No. *4329*

P. O. Address

*St. Louis, 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.