

FILED APR 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15654**  
Registrar's No. **3769**

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

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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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>30 yrs.</b>		2709	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>20 3933 a N. 23rd St.</b>	

3. NAME OF DECEASED: (Type or Print) a. (First) <b>ROGER</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>EMMONS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 9th 1953</b>		
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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>June 9, 1911</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Keens, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
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13a. FATHER'S NAME <b>David O. Emmons</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Helen Nilcox</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Emmons</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-10-0419</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Evelyn Emmons</b>		ADDRESS <b>3933a N. 23rd St.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carbon Monoxide Poisoning</b>			
	ANTECEDENT CAUSES when found in his automobile Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>due to (b) with hose running from exhaust and (c) inside of car at Humboldt</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>April 9 1953</b>			and arrived Ave about 530pm	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>suicide</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>St. Louis</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr 9 53 50</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>F9731</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **545** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>4. 10. 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal via Motor 4/12/1953</b>	24b. DATE <b>4/12/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove, Ill. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Cisno, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>APR 10 1953</b>	REGISTRAR'S SIGNATURE <b>J. Paul Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Suedmeyer &amp; Sons</b>	ADDRESS <b>3934 N. 20th St.</b>
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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 Dittus*

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.