

33160

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

V. S. No. 300
REV. 10-48

FILED SEP 24 1953

State File No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 7946

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 50 Years	c. CITY OR TOWN ST. Louis	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 Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 3319 Franklin 2219	

3. NAME OF DECEASED (Type or Print) Charles Edward Embery	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8 11 53
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5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/20/ 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Interational Shoe	11. BIRTHPLACE (City and State or Foreign Country) Vicksburg Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME J Mc Embery	13b. MOTHER'S MAIDEN NAME Lucy Hill	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No None	16. SOCIAL SECURITY NO. 494-03-3056	17. INFORMANT'S SIGNATURE OR NAME Sarah Embery	ADDRESS 3319, Franklin Ave
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undt.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pleural Effusion - Right	

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) 443X
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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?
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22. I hereby certify that I attended the deceased from 6-16, 1953, to 8-11, 1953, that I last saw the deceased alive on 8-11, 1953, and that death occurred at 11:48 a. m., from the causes and on the date stated above.

23a. SIGNATURE E. B. Williams, M.D.	(Degree or title)	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 8-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/15/53	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis 22 Mo.
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DATE REC'D BY LOCAL REG. AUG 14 1953	REGISTRAR'S SIGNATURE R. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Stella White	ADDRESS 2616 No. Garrison Avenue
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed... *Leroy W. Bunnister*

Licensed Embalmer No... *4523*

P. O. Address... *3880 East*

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.