

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44339

FILED DEC 16 1953

State File No. 11109
Registrar's No. 11109

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).	
b. CITY OR TOWN St. Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Lemay	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 enroute to Mo. Pac. Hosp.		e. STREET ADDRESS (If rural, give location) 608 Sandra Court	

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle)	c. (Last) Link	4. DATE OF DEATH (Month) (Day) (Year)
				11/21/53

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 15, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
---------------	------------------------	--	-------------------------------	------------------------------------	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Brooklyn, New York	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	----------------------------------

13a. FATHER'S NAME Unknown Gaebel	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Vincent J.
-----------------------------------	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Marie Huether--608 Sandra Court	ADDRESS Lemay, Mo.
--	------------------------------	---	--------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cornary Thromboses</i>		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cornary Sclerosis</i> DUE TO (c) <i>Arteriosclerosis</i>		2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>			3

19a. DATE OF OPERATION <i>mm</i>	19b. MAJOR FINDINGS OF OPERATION <i>none</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
----------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>mm</i>	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) <i>mm</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4201</i>
---	--	--

22. I hereby certify that I attended the deceased from *11/20*, 19*53*, to *11/21*, 19*53* that I last saw the deceased alive on *11/21*, 19*53* and that death occurred at *10:30 AM.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Proctor C. Hall M.D.</i>	23b. ADDRESS <i>34024 Lafayette</i>	23c. DATE SIGNED <i>11/21/53</i>
--	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>11/24/53</i>	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. NOV 23 1953	REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wacker-Hilderle - 3634 Gravois Ave.</i>
--------------------------------------	---	---

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.....
Frank J. G. [Signature]
Licensed Embalmer No. *2675*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.