

Dept. Health,
c. & Welfare
U. S. Public
Health Service

FILED NOV 19 1957

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

41938

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10782**

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS 3400 St. Louis Little Sisters of Poor	
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin J. EMMONS		4. DATE OF DEATH Month Day Year NOV. 11, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY abtractor	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and state or country) Saint Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin L. Emmons		13b. MOTHER'S MAIDEN NAME Alviet Hafer	
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.	
17. INFORMANT Benjamin Emmons, Jr., St. Charles, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE ANTEROSEPTAL MYOCARDIAL INFARCT.			INTERVAL BETWEEN ONSET AND DEATH 12 HRS.
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) CORONARY THROMBOSIS			420.1
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ADVANCED CHRONIC LUNG DISEASE ± OBSTRUCTIVE EMPHYSEMA			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11/8/57 to 11/11/57 and last saw her/him alive on 11/11/57		Death occurred at 5:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Robert F. Owen, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 11/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 13, 1957	23c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery	23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. NOV 12 '57	26. REGISTRAR'S SIGNATURE Earl Smith Mo mfb

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification in this specific manner required by 193.140 MOKS 1949.

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 *James R. Amaloney*

Licensed Embalmer No. *4832*
P. O. Address *St. Charles*

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.