

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020514  
STATE FILE NUMBER

XC-20 434 106  
CF: St. Louis, Mo.  
FILED MAY 29 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1327

300  
1-57

|   |                                  |   |  |   |  |   |   |
|---|----------------------------------|---|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. LOUIS</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>JEFFERSON BARRACKS, MO.</b>   |                                  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         | c. CITY OR TOWN <b>ST. LOUIS</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>  |                                  |   | Length of stay in lb<br><b>10 days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>316 3730 TENNESSEE</b>  |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>MICHAEL - EMS</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>5-16-58</b>  |  |   |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>4-3-97</b>   |  | 9. AGE (In years last birthday)<br><b>61</b><br>IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MACHINE OPERATOR</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>PAPER MANUFACTURE</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>KIMMSWICK, MISSOURI</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>PHILLIP EMS</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARGARET KESSLER</b>   |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>AGNES R. EMS</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW-I</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>489-05-1959</b>   |  | 17. INFORMANT Address<br><b>VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.</b>   |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b>  |                                  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>CALCIFIC AORTIC STENOSIS</b>  |                                  |   |  |   |  | "   |   |
| DUE TO (c) <b>4211</b>  |                                  |   |  |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>MULTIPLE PULMONARY INFARCTS. RECENT</b>   |                                  |   |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   |  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 <b>5/6/58</b> to <b>5/16/58</b> and last saw him alive on <b>5/16/58</b><br>Death occurred at <b>12:05 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |   |   |
| 22a. SIGNATURE <b>W. OPLER</b> (Degree or title)<br><b>W. Opler, Dir. Prof. Services: M.D.</b>  |                                  |   |  | 22b. ADDRESS<br><b>VA HOSP. JEFFERSON BARRACKS, MO.</b>   |  | 22c. DATE SIGNED<br><b>5/16/58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>5/19/58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>NATIONAL CEMETERY</b>                               |   | 23d. LOCATION (City, town, or county) (State)<br><b>JEFFERSON BARRACKS, MISSOURI</b> |   |   |
| 24. FUNERAL DIRECTOR<br><b>Edw. Fendler Mortuary, 5611 So. Grand St. Louis, Mo.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-17-58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Herbert P. Donke M.D.</b>                            |   |   |

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

DEC 27 1961

SA OCT 10 1961

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 *Walter A. Faeller Jr* .....  
Licensed Embalmer No. *14950* .....  
P. O. Address *St. Louis* .....

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.