

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023272  
STATE FILE NUMBER

FILED JUN 27 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6048**

300  
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's</b>		4. STREET ADDRESS (If outside, give location) <b>1809 Oregon</b>	
3. NAME OF DECEASED (Type or print) First <b>Rueal</b> Middle <b>Kurk</b> Last <b>Emmons</b>		4. DATE OF DEATH Month <b>June</b> Day <b>12</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr 13 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal</b>	9. AGE (In years last birthday) <b>88</b>
11. BIRTHPLACE (City and state or country) <b>Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Emmons</b>		14. MOTHER'S MAIDEN NAME <b>Mary Kurk</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Wife</b>		Address <b>Mary E. Yates Emmons 1809 Oregon</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>LOBAR PNEUMONIA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 DAYS</b>
CONDITIONS OF ANY WHICH INCREASED RISK TO ABOVE CAUSE DURING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>490x</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 <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>JUNE 11, 1958</b> to <b>JUNE 12, 1958</b> and last saw <sup>her</sup> him alive on <b>JUNE 12, 1958</b> Death occurred at <b>6:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>William G. Froese M.D.</b>		22b. ADDRESS <b>3720 WASHINGTON, ST. LOUIS</b>	22c. DATE SIGNED <b>6/12/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>June 14, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Cty Missouri</b>
24. FUNERAL DIRECTOR <b>E. J. Schnur 3125 Lafayette</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 12 58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>

**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.....  
*Thomas R. Lewis*

Licensed Embalmer No. 379

P. O. Address 3125 1/2 St

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.