

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016202

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 1135

300
-57

1. PLACE OF DEATH----- a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES		c. CITY OR TOWN WEBSTER GROVES 19	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If outside, give location) 856 MARSHALL	
Length of stay in lb 35 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EMELIE CARRIE RENE			4. DATE OF DEATH Month Day Year 4 24 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-29-1886	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min. 5 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY CAFETERIA		11. BIRTHPLACE (City and state or country) ST LOUIS MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME JOHN SCHARPENBERG		13b. MOTHER'S MAIDEN NAME EMILIE FARRY		14. NAME OF HUSBAND OR WIFE WALTER RENE	
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. 499-36-7782		17. INFORMANT Address Walter Rene 856 Marshall Webster Groves Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 44 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Arteriosclerotic C. V. Disease	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 44 3x	

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 a.m. p.m. Month, Day, Year					

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 9/2/47 to 4/24/59 and last saw her alive on 4/13/59 Death occurred at A. m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE Bert H Klein (Degree or Title)		22b. ADDRESS 8632 S. Kings Highway		22c. DATE SIGNED 4-24-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-27-59		23c. NAME OF CEMETERY OR CREMATORY NEW ST MARCUS		23d. LOCATION (City, town, or county) (State) ST LOUIS MO	
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24. FUNERAL DIRECTOR MITTELBERG		ADDRESS WEBSTER GROVES MO		25. DATE RECD. BY LOCAL REG 4-27-59		26. REGISTRAR'S SIGNATURE John P. Murphy, Md	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Edward P. Penhance*

Licensed Embalmer No. *4283*
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.