MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 13 1960

60-016784

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4686 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N GRAND ST LOUIS MO
Length of stay in 1b: 27 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5421 VERNON
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ARON; Middle:; Last: EMBERY

4. DATE OF DEATH: Month: APRIL; Day: 30; Year: 1960

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/13/24

9. AGE (last birthday): 35
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): GLEN ELLEN, MISS.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: NATHAN EMBERY

13b. MOTHER'S MAIDEN NAME: DOLLIE EDWARDS

14. NAME OF HUSBAND OR WIFE: LOUISE EMBERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 426-25-5596

17. INFORMANT: LOUISE EMBERY 5421 VERNON ST LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ANEMIA	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	MALIGNANT HYPERTENSION	
DUE TO (c)	445X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 WORK ☐ NOT WHILE AT WORK ☐

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 VA attended the deceased from 4/3/60, to 4/30/60 and last saw him alive on 4/30/60

Death occurred at 12:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): EMILIO B. REGALA, JR. M.D.

22b. ADDRESS: VAH, ST LOUIS, MISSOURI

22c. DATE SIGNED: MAY 3 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5-5-60

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county, state): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: A.L. Beal Und. Co. **ADDRESS**: 4303 Delmar

25. DATE RECD. BY LOCAL REG.: MAY 3 1960

26. REGISTRAR'S SIGNATURE: Noah Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.