

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16424

Do not use this space.

4285

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... St. Louis (d) Street No. 6227a Victoria Ave. St.  
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Arthur Lewis Emms 520  
(a) Residence, No. 6227a Victoria Ave. St. 4  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Ann Emms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer  
9. Industry or business in which work was done, as saw mill, bank, etc. Shapleigh Hdw. Co.  
10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 413. NAME Joshia Emms 414. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 415. MAIDEN NAME Dont Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT Ellen Ann Emms  
(ADDRESS) 6227a Victoria Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE 5-11-3819. FUNERAL DIRECTOR Provost Und. Co.  
(ADDRESS) 3710 E. Grand Blvd.20. FILED MAY 10 1938  
J. T. Budick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-38 193822. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to May 7, 1938

I last saw him alive on May 6, 1938. Death is said to have occurred on the date stated above, at 11.00 P.M.  
The principal cause of death and related causes of importance were as follows:

Cardio-Nephritis Date of onset

Other contributory causes of importance: ASName of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ..... (Signed) J. T. Budick, M. D.(Address) 3919 W. ...

Bernstein  
3919 W. 7th Street  
1-3

STATEMENT BY LICENSED EMBALMER

I, Robert L. Brinkman, Licensed Embalmer No. 3553

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3553

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Robert L. Brinkman*

Licensed Embalmer No. 3553

**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.)**