C 26 1938 REC'D JAN 6 1939

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

44445
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township ~~Clayton~~ Primary Registration District No. 101 Registered No. 2110
(c) City Clayton 1 (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 Charles F. Emde
(a) Residence, No. Festus, Mo. St. ☐
(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: Anna K. Emde
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28th.1896
7. AGE: YEARS 42 | MONTHS 5 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 210

FATHER
13. NAME: Carl Emde
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Louise Fischer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

17. INFORMANT (ADDRESS): Mrs. Anna K. Emde, 3928 Ashland Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Friedens Cem. DATE: 12-27-38, 19
19. FUNERAL DIRECTOR (ADDRESS): Provos Und. Co. 3710 N. Grand Blvd.
20. FILED: DEC 26 1938, 19 T. R. Meyer M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-23-38, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident. Automobile is which he was operating skidded off highway down an embankment.	12/23/38

Other contributory causes of importance:

Fracture of the skull	12/23/38

Name of operation ..... Date of .....
What test confirmed diagnosis: physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/23, 19.....
Where did injury occur? Clayton, Mo. (Specify city, town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Auto skidded off icy road
Nature of injury: Fracture of the skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell
Coroner of St. Louis County, Mo.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Connell & Co.
Corner St. L. Co.
Rec'd 3 PM Mar
[illegible]

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.)