REC'D FEB 10 1939

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

791
1003

853
Do not use this space.

Registration District No. 1003
Primary Registration District No.
Registered No. 853

1. PLACE OF DEATH

(a) County
(b) Township
(c) or City St. Louis
(d) Street No. Lutheran Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 56 Rice N. Emerson

(a) Residence, No. 405 West Swon St. N/R Webster Groves, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherin M. Emerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	4	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. president
9. Industry or business in which work was done, as saw mill, bank, etc. Anchor Laundry
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) Missouri

FATHER
13. NAME William Emerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Katherine M. Emerson
(ADDRESS) 405 W. Swon, Webster Groves

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Jan. 28, 1939

19. FUNERAL DIRECTOR (NAME) Drehmann Funeral
(ADDRESS) 1905 Union Blvd.

20. FILED JAN 27 1939, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14th, 1939, to Jan 26th, 1939
I last saw him alive on Jan. 25th, 1939. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Intestinal obstruction, caused by adhesion cause of same unknown.	Jan 12th '39

Other contributory causes of importance:

— 1226

Name of operation Release of Bowel Obstruction Date of 1/25/39
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) Lew H. Hanson, M. D.
(Address) 3651 Grandel Sq.

(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.

1 - 3:30 p.m.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.