

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.

MAY 10 1939

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

13603
Do not use this space.

791
1003

3945

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... St. Louis (d) Street No. Lutheran Hosp. (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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 68 yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Emmer
(a) Residence, No. 6325 Southwood St. (Usual place of abode, if no street address, write county or city) St. NR Clayton, Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Emmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 5 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Bohemia (STATE OR COUNTRY) Germany
13. NAME Philip Hesky
14. BIRTHPLACE (CITY OR TOWN) Bohemia (STATE OR COUNTRY) Germany
15. MAIDEN NAME Blume (unk)
16. BIRTHPLACE (CITY OR TOWN) Bohemia (STATE OR COUNTRY) Germany
17. INFORMANT V. Emmer (ADDRESS) 6325 Southwood
18. BURIAL, CREMATION, OR REMOVAL PLACE New Mt. Sinai DATE 4/28 1939
19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson
20. FILED APR 28 1939 J. B. Berger Local Registrar

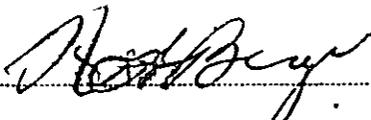
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1939 to Apr 27 1939
I last saw him alive on Apr 27 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
myocardial infarction
Date of onset Apr 10
Other contributory causes of importance: Degenerative heart disease
Senility
Name of operation... Date of...
What test confirmed diagnosis? Clinical 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) A. W. Grant M. D. (Address) 36 S. 1st Street St. Louis

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.....
Herbert I. Berger....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

P. O. Address.....

St. Louis

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