

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

COLLECTED COPY

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33584

Registration District No. 15 OCT 16 1939

Primary Registration District No. 200

Registrar's No. 1617

1. PLACE OF DEATH: 3

(a) County Saint Louis

(b) City or town Jefferson Barracks,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 8-3-39
(Specify whether _____)

In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County --

(c) City or town Bloomfield
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years

3. (a) PRINT FULL NAME William H. Emery 560

8. (b) If veteran, name war World

3. (c) Social Security No. --

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August 28, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 0 12 hr. min.

9. Birthplace Stoddard County, Missouri
(City, town, or county) (State or foreign county)

10. Usual occupation Chauffeur 0

11. Industry or business -- 1

12. Name Abe Emery 0

13. Birthplace Illinois
(City, town, or county) (State or foreign county)

14. Maiden name Pracia Mason

15. Birthplace Missouri
(City, town, or county) (State or foreign county)

16. (a) Informant's own signature Clara C. Bentley

(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 9-13-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) SEP 11 1939 (b) W R Meyer, M.D. RPH
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1939 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from August 3
1939, 19---, to Sept. 10, 1939;
that I last saw him alive on Sept. 10, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus

Due to 22

Other conditions Thrombo-angiitis obliterans, lower
(Include pregnancy within 3 months of death)

Major findings: extremities with gangrene 1st, 2nd and 3rd toes, right foot.

Of operations No operations

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Lowest (Specify type of place) (e) Means of injury 1

23. Signature C. W. HUGHES Chief Med. Off. (M. D. or other)

Address VAF., Jeff. Bks., Mo. Date signed 9-11-39

Duration 9-9-39

PHYSICIAN _____

Underline the cause to which death should be charged statistically

MAY 22 1957

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.....
Licensed Embalmer No.....
P. O. Address.....

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1617

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County W.S. St. Louis, Missouri
(b) City or town Jefferson Barracks Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jefferson Barracks Vet Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Henry Emery

8. (b) If veteran, name war World War 8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Emery 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August 28, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 13 hr. min.

9. Birthplace Advance Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER
12. Name Abe Emery
13. Birthplace Pracia Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Mason
15. Birthplace Bloomfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nellie Emery
(b) Address Bloomfield, Missouri

17. (a) Removal (b) Date thereof 9/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd

19. (a) SEP 11 1939 (b) A.R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Bloomfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th
year 1939 hour 3:55 am minute _____ M.

21. I hereby certify that I attended the deceased from 8-3-1939
to 9-10, 1939;
that I last saw him alive on 9-10
and that death occurred on the date and hour stated above.

Immediate cause of death Relapse Duration _____

Due to 72
Due to _____

Other conditions Burgers disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operations
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C.W. Hughes C.M.D. (M. D. or other)
Address NSA Facility Jefferson Barracks Mo. Date signed _____

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

5-33584

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Albert G. Hoppa

Licensed Embalmer No. 2971

P. O. Address.....

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

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