

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42138
Registrar's No. 11261

JAN 12 1940 791
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH: 1005
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 5402 Page Blvd.
(d) Length of stay: In hospital or institution None
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 5402 Page Blvd.
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Emma L. Neibert
(b) If veteran, name war None
(c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife Single
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 23, 1869

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 28th year 1939 hour 10:40 AM minute _____ M.
21. I hereby certify that I attended the deceased from Dec 20, 1939, to Dec 28, 1939.
that I last saw her alive on Dec 28, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 5 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Paralysis of larynx & muscles of Respiration
Due to Cerebral Apoplexy
Hypertensive Cardiac Rupture
Due to Disease associated with Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace St. Louis, Mo.
10. Usual occupation At home
11. Industry or business _____
12. Name Adam Neibert
13. Birthplace Ohio
14. Maiden name Lena Baker
15. Birthplace Germany

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mr Louis C. Neibert
(b) Address 4511 Alice Ave
17. (a) Burial (b) Date thereof 1/2/40
(c) Place: burial or cremation Salem M.E. Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) DEC 21 1939 (b) _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Walter B. Puffer (M. D. or other) P.O.
Address 5815 Nottingham Date signed 12-30-39

J. J. [Signature]
(Licensed Embalmer's Statement on Reverse Side)

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 *Lemuel Hampton*
Licensed Embalmer No. *2967*
P. O. Address *St. Louis, Mo*

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.