

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3747
Registrar's No. 99

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Manchester
(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 Mile West Manchester, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME EMMA CAIN

8. (b) If veteran, name war no. 8. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Cornelius 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 8, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day.
	<u>80</u>	<u>1</u>	<u>6</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Sehr

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

14. Maiden name Wilhelmina Young

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

16. (a) Informant's own signature Minnie Cain
(b) Address 4227 So. 37th St.

17. (a) burial (b) Date thereof 1/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Quay J. Hoffmeister
(b) Address 4016 Chippewa St.

19. (a) JAN 15 1940 (b) S. K. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1940 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 8th 1940 to Jan 14th 1940; that I last saw him alive on Jan 8th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Spinal Polychosis Duration 42 yrs

Due to ARTERIO SCLEROSIS 10 yrs

Due to Basal ganglia
under my care since 1932

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None 97
Of operations _____
Of autopsy no

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) no
(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?

(Specify type of place) _____
(e) Means of injury _____

23. Signature S. K. Meyer (M. D. or other) _____
Address 945 Maple St. Date signed 1/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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

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

Ernest W. Spellers

Licensed Embalmer No.....

4080

P. O. Address.....

3528 Russell St.

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.