

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
4247 Laclede Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 20 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4247 Laclede Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME David Emrich

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lucy E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 17, 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Piketon, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Market

11. Industry or business Retired

12. Name Theobald Emrich

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

14. Maiden name Mary Miller

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

16. (a) Informant J. Edgewood  
(b) Address 4247 Laclede Ave

17. (a) Burial (b) Date thereof 10/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director D. H. McLaughlin  
(b) Address 2301 Lafayette Ave

19. (a) OCT 7 1940 (b) J. P. Buda  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 5 day \_\_\_\_\_  
year 1940 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb 10 - 1936  
19 \_\_\_\_\_ to Oct 5 19 40  
that I last saw him alive on Oct 5 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 6 Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Voluntary heart death  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of 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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Hulon Hall (M. D. or other) \_\_\_\_\_  
Address 1625 1/2 Main St Date signed 10/10/40

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

14  
39  
23159

NOV 16 1940

**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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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, fact should be so stated above.**