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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43829

FILED JAN 8 1941

Registration District No. 184 Primary Registration District No. 280 Registrar's No. 2435

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town KOCH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 123 days (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PERRY
(c) City or town PERRYVILLE (If outside city or town limits, write "RURAL")
(d) Street No. 528 N. MAIN STREET (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME RAPHAEL EMMENDERFER
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 MARRIED
6. (b) Name of ~~husband or~~ wife ELTA
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased JANUARY (Month) 4 (Day) 1900 (Year)
8. AGE: Years 40 Months 11 Days 18 If less than one day ____ hr. ____ min.
9. Birthplace HIGHLAND (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation MECHANIC
11. Industry or business
MOTHER FATHER
12. Name FRANK X. EMMENDERFER
13. Birthplace PERRY COUNTY (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name KATIE MOLL
15. Birthplace PERRY COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. ELTA EMMENDERFER
(b) Address PERRYVILLE, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation PERRYVILLE, MO
18. (a) Signature of funeral director Albert A. Hoppe
(b) Address 1700 Washington Av.
19. (a) DEC 24 1940 (Date received local registrar) (b) T. Roney, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 22 Year 1940 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from AUGUST 21, 1940 to DECEMBER 22, 1940 that I last saw him alive on DECEMBER 22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC PULMONARY TUBERCULOSIS
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy PULMONARY TUBERCULOSIS

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Samuel Katz (M. D. or other) M.D.
Address Koch Hospital Date signed 12/23/40

B.C. (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.....

Licensed Embalmer No. 3575

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, fact should be so stated above.