

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5000 S. Broadway /  
(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)

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. 5000 S. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1941 hour 2.10 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec. 27  
1941 to Dec. 18 1941  
that I last saw her alive on Dec. 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelethiasis Duration 2 y 7 m

Due to Chronic Nephritis

Due to Chronic Hypertension

Other conditions \_\_\_\_\_  
(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 L. O. Herchulescu (M. D. \_\_\_\_\_)  
Address 5000 S. Broadway Date signed 12/19/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Lily Emmett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

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

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

7. Birth date of deceased Dec 23 1872 Co. Mo  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Commerce, Scott, Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name John L. Bowman

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

14. Maiden name May Perkins

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

16. (a) Informant Mr. Henke

(b) Address 5000 S. Broadway

17. (a) Burial (b) Date thereof 12/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Bellefontaine Cemetery

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 19 1941 (b) J. J. Buseck  
(Date received local registrar) (Registrar's signature)

**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..... *Henry Eynack*.....  
Licensed Embalmer No. *1284*  
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, fact should be so stated above.**