

FILED FEB 24 1947 91

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Hospital U
(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 Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) Citizen of _____ country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 41 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from 11-21-41
to 12-26-41
that I last saw her alive on 12-26-41
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure
Duration 24 hrs

Due to: Staphylococcus pericarditis ??

Due to: Staphylococcus aureus septicaemia 5 wks

Other conditions: Multiple subcut. & intra-muscular abscesses 5 wks

Major findings: Of operations: cause unknown

Of autopsy: As above 240

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)? _____
(b) Date of occurrence 36
(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: D

23. Signature: J. P. B. Aug (M. D. or other) _____
Address: J. P. B. Aug Date signed: _____

3. (a) PRINT FULL NAME NAOMI JOYCE EMBREE

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

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

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

7. Birth date of deceased: May 6 1938
(Month) (Day) (Year)

8. AGE: Years 3 Months 7 Days 21 If less than one day hr. _____ min. _____

9. Birthplace: Benton City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Child

11. Industry or business _____

12. Name: Melvin Embree

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

14. Maiden name: Dora McGee

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

16. (a) Informant: Melvin Embree

(b) Address: Mexico, Mo.

17. (a) Removal (b) Date thereof: 12-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Madison, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Ave.

19. (a) DEC 22 1941 (b) J. P. B. Aug
(Date received local registrar) (Registrar's signature)

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

00
17
5

MOTHER FATHER

4
NR
0

Duration
24 hrs
??
5 wks
5 wks
PHYSICIAN
Underline the cause to which death should be charged statistically.

844

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.....

Shepard Burnley

Licensed Embalmer No.....

4202

P. O. Address.....

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.