

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 23 1942 18

1003

9507

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
St. Louis
(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:
709 S. Skinker /
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 709 S. Skinker
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emalia C. Singer
(b) If veteran, name war..... (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 12
year 1942 hour 10 minute 30 P.M.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife James W. Singer (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Jan. 21 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1920 to Nov. 12 1942
that I last saw her alive on Nov. 11 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 10 Days 21 If less than one day hr. min.

Immediate cause of death:
Coronary artery obstruction (hypertension - arteriosclerosis)
Duration 24 hours

9. Birthplace Jefferson City Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name Phillip Constam
13. Birthplace Baltimore Md. /
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Obermeyer
15. Birthplace Germany /
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant James W. Singer
(b) Address 709 S. Skinker

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?.....

17. (a) Burial (b) Date thereof 11-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

While at work?..... (Specify type of place) (c) Means of injury.....

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmer
19. (a) NOV 14 1942 (b) J. F. Dredel
(Date received local registrar) (Registrar's signature)

23. Signature Llewellyn Sale (M. D. or other)
Address 4500 Olive Date signed 11/12/42

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

MOTHER FATHER

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.