

FILED DEC 21 1942

Registration District No. **318**

Primary Registration District No. **1003**

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

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: Lutheran Hospital
(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 Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6152 Printz Ave.
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Adam Emge
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Emge
 6. (c) Age of husband or wife if alive 71
 7. Birth date of deceased Oct. 28th 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 13
If less than one day hr. min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Adam Emge
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Emge

(b) Address 6152 Printz Ave.

17. (a) Burial (b) Date thereof 12-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Mo.

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 14 1942 (b) J. F. Booden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
 year 1942 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from Dec 3
1942 to Dec 11 1942
 that I last saw him alive on 12-11-42
 and that death occurred on the date and hour, stated above.

Immediate cause of death Peritonitis
 Duration 5 da.

Due to Chc nephritis
Coronary artery occlusion

Due to Chc myocarditis

Other conditions 12/1
(Include pregnancy within 3 months of death)

Major findings: Of operations 12/1
 Of autopsy 12/1
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 0

23. Signature A. J. Booden (M. D. or other) MD

Address 3115 B. G. Schum Date signed 12/14/42

Mr. A. J. Burdett
3115 So. Grand Ave.
Dr 1600 2-3

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 Richard W. Stoverson

Licensed Embalmer No. 4007

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.